


Winter 1972

Jefferson Alumni Bulletin – Volume XXI, Number 2 Winter 1972

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"Jefferson Alumni Bulletin – Volume XXI, Number 2 Winter 1972" (1972). *Jefferson Medical College Alumni Bulletin*. Paper 145.

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Jefferson

MEDICAL COLLEGE

ALUMNI
BULLETIN

Winter 1972



Jefferson's Role in a Modern Society

William F. Kellow, M.D.
Dean and Vice President

The health care crisis has caused much to be expected of American medical schools. This is a contrast to the past when medical faculties would have been accused of ambition if they had assumed interest beyond the four-year medical curriculum. Such vast changes in expectations within a short time have brought problems of magnitude. One is the difficulty of defining priorities, and another is the identification of resources to do what is being demanded. Yet there has been much progress, though often times subtle and unnoticed.

A decade or more ago it was recognized that medical education was not confined to a four-year period but extended over most of a lifetime. Jefferson became concerned, therefore, with the premedical phase of physician education and developed a combined program with Penn State University to integrate medical school with college and reduce the total time of preparation. Now we are discussing another kind of accelerated program with our newest partner—the University of Delaware. Considerable headway was made this year in delineating new premedical courses which would transfer some of the early parts of medical education into the college phase. Our faculty has been a leader in coordinating the formal years of physician education. Jefferson also was early to decide that the medical school is the source of continued learning for the physician after he has completed his formal training. Our faculty conducts numerous continuing education programs for practicing physicians in community hospitals throughout the area.

The medical schools have carried the responsibility for much of the medical research which has been done in the last twenty-five years. They deserve praise for the unexpected strides which have been made in the profession's capacity for medical care. Yet the public is critical of medicine today, and there is resentment of the successes of medical research because they are not adequately available to the people. Thus the public has been willing to stand aside while the resources for medical research have been reduced and transferred to other national causes. There has been a progressive decrease in our successful grant applications and now only about one in ten new ones is funded. The ratio for renewal and contract applications, however, is somewhat better than this.

The great national crisis which exists in health care today is not particularly concerned with the expanded boundaries of our programs in medical education nor with the success of medical research. This crisis is related more to the cost of medical care and its accessibility than to the traditional programs of medical schools. Medical faculties have been caught off-balance by these developments because we have never considered that the economics and distribution of medical care were our responsibilities. Having been frustrated in its effort to overcome these problems, however, the public has turned to the medical schools in anguish and concern. So it is clear that whatever our past concepts have been about the limits of our responsibilities, and even our abilities, we are now expected to

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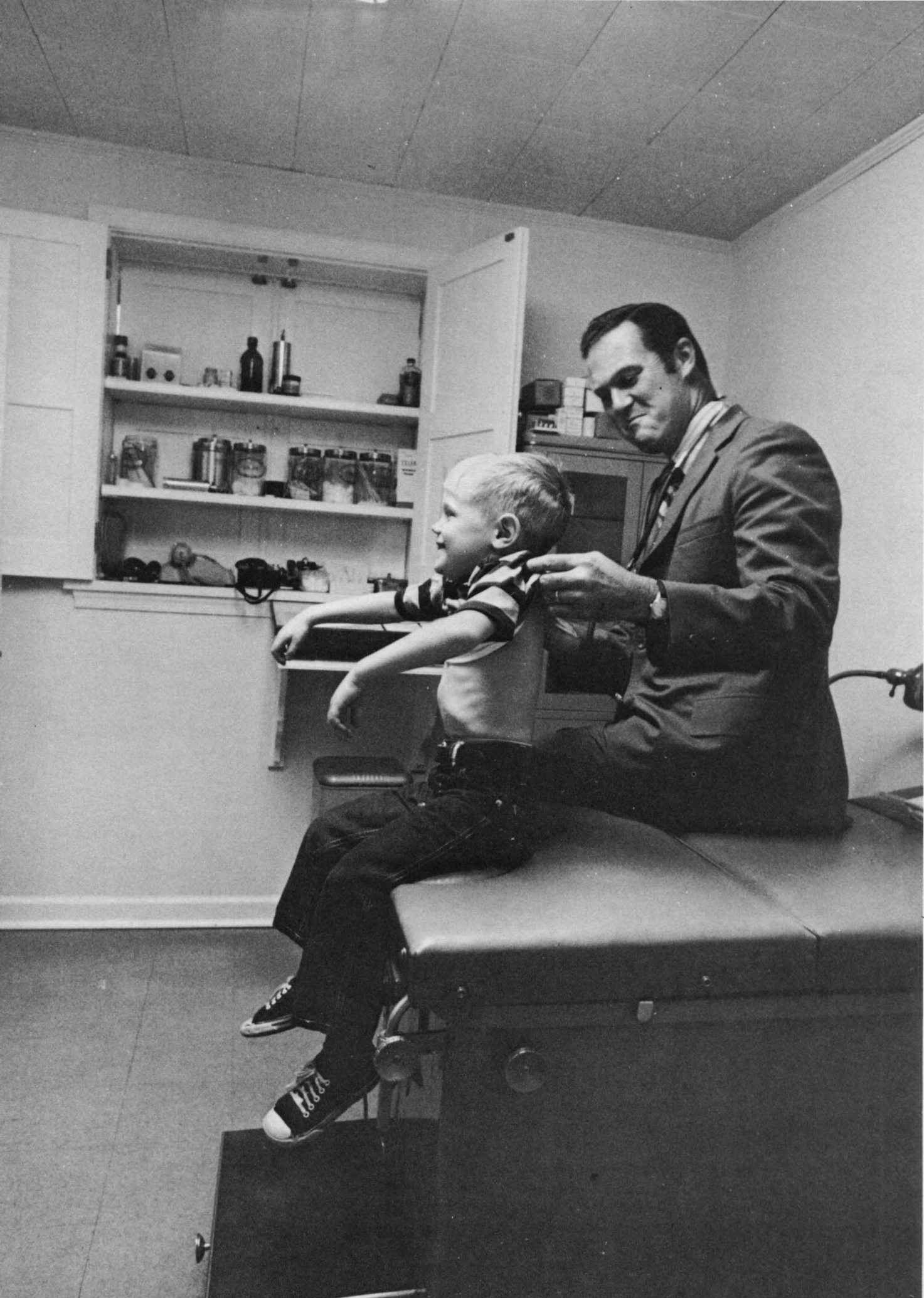
Photographs of Baum paintings: Theresa M. Powers and Earl J. Spangenberg; photographs of Dr. Poole, Dr. Davis and Dr. Hodges: Michael Saunders Sommer.
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On the Cover:

Rural Pennsylvania, the area so often depicted by the artist Walter Emerson Baum, also is the area discussed by Dr. Robert Poole and Dr. David W. Kistler in the lead articles of this issue. The oil on the cover, completed in 1949, is *Signs of Spring*.

Published four times a year, Fall, Winter, Spring, Summer
Second Class Postage Paid at Philadelphia, Pa.

The Alumni Association of Jefferson Medical College
1020 Locust Street, Philadelphia, Pennsylvania 19107



Every Family Should Know One

by Elizabeth Landreth

Robert Poole will never be famous. He is not a scientist striving to unravel the mysteries of disease; he is not a specialist concentrating on attaining expertise in a limited area. Robert Poole is a family doctor dedicated to the welfare of the citizens of West Chester, Pennsylvania. His rewards lie not in breakthroughs or in startling new techniques but in the simpler joys of making a child smile, of easing a mother's worry. Dr. Poole has found life in West Chester fulfilling and worthwhile, but he worries about the future. The dwindling supply of family doctors which threatens to leave small communities without adequate medical care is already affecting West Chester. Dr. Poole wonders why medical students today are not considering the option of family practice in a small town. Do they lack confidence in their ability to deal with the vast spectrum of diseases or do they feel a general practice would be repetitious and dull? Do they want to avoid long, intimate and often taxing relationships? "Jeff seemed to be programmed towards family practice when I was there in the fifties," Dr. Poole says. "Now I don't know what's going on. And I don't see any solution other than exposing more medical students to family practice. People talk a lot about paramedical workers and computerized medicine but I feel a doctor should treat his patients himself, no matter how minor the complaint. There never will be any substitute for a doctor's medical judgment and his personal touch."

Dr. Poole never considered anything besides general practice. Although he had originally intended to practice in Doylestown where he grew up, he decided that the pressures on him as "the doctor in the family" would be too great. He and his wife toured eastern Pennsylvania looking for a town of comparable size and makeup and settled on West Chester, a town of 15,000 about twenty-five miles west of Philadelphia. Today Dr. Poole is delighted with his choice. He admires the community's spirit,

the pride the people have in their town. Although Philadelphia is easily accessible, West Chester is not a suburb. Rather it is a self-sufficient community with a character all its own. West Chester State College is a stimulating factor since the community avidly supports the sports teams, musical concerts and guest lecturers scheduled throughout the year. As the county seat, West Chester is the center of such governmental county projects as establishing a health department and investigating narcotics problems. Chester County Hospital is located there, an important factor from a doctor's point of view.

Sociologically West Chester intrigues Dr. Poole since his practice encompasses the entire spectrum. Surrounding the town are vast farms; lining the streets are well-established shops and prosperous-looking houses. West Chester has a sizable black population because it served as an underground railroad station for escaping slaves during the Civil War. Many of the black people live in the southeast section of town which, unfortunately, is an area zoned for industry, factories, railroad and lumber yards. Interspersed in this area are old frame houses, which are gradually being replaced by federally funded public housing, and dwellings restored by a volunteer agency, Citizens for Better Housing. By encouraging participation in restoration, this group hopes to cultivate pride in home ownership. "We have one, fine black doctor in West Chester," Dr. Poole explains. "I imagine many of these people prefer a black doctor, but I enjoy a good relationship with many black families as patients." In addition, the Puerto Rican population has increased sufficiently to warrant a page in Spanish in the local newspaper. Although there have been difficult adjustments, the various factions operate with what Dr. Poole terms "surprising cohesion."

Dr. Poole is pleased with West Chester from a more personal viewpoint as well. Since West Chester State College attracts primarily education majors who practice teach in area schools, the school system is excellent, particularly in the student teacher ratio and in exposure to innovative teaching methods. Dr. Poole's oldest daughter, Pam, is now a sophomore at Ursinus College, her parents' alma mater. Cindy, a high school senior, recently has been

Mrs. Landreth is Assistant Editor of the Alumni Bulletin. Last summer she spent two days in West Chester observing the many facets of Dr. Poole's practice. The Bulletin is grateful to Dr. Poole for volunteering to serve as the prototype of the family practitioner.



After examination, a family consultation.



honored by the National Merit Scholarship Foundation. The two younger girls, Tina and Missie, are just starting high school. Dr. Poole enjoys his position in the community. Named one of the "Outstanding Young Men in America" by the Junior Chamber of Commerce in 1965, Dr. Poole has been called on to lead many community efforts and will serve as President of the Rotary Club next year.

Expanding apartment complexes in West Chester and the surrounding area are evidence of a rapidly growing population. A new building has been built adjacent to the hospital for the family doctors needed to service the new residents but the offices have been occupied by specialists. At the moment fifteen general practitioners serve the 15,000 people in the town and 75,000 in the immediate area. In the nearly twenty years Dr. Poole has lived in West Chester, many general practitioners have retired or turned to specialties and few have replaced them. Three have died within the last year. Last year Dr. Poole was forced to give up obstetrics and he worries that the burdens of his practice will force him to curtail it still further.

The nucleus of Dr. Poole's practice is pediatrics and internal medicine. His day begins about seven with rounds at Chester County Hospital where he sees from five to seven of his patients. He is in his office for appointments from eight until noon when he leaves to spend several hours making house calls. In an office hour Dr. Poole can see eight or ten patients, some of whom have made appointments several days in advance. Others might have sudden complaints and are worked into the schedule by his efficient and personable secretary who is his only assistant. Surrounding her desk are patient files and supply closets which give easy access to all she needs. Dr. Poole greets all patients in the waiting room and escorts them back to one of the two examining rooms. The wall between them contains a supply closet which serves both rooms. "When I first started practicing I couldn't understand what was so exhausting about office work," Dr. Poole chuckles. "I finally figured out that it was all that getting up to greet people and sitting again to write notes and prescriptions. Now there are waist-high writing desks built into the examining room walls

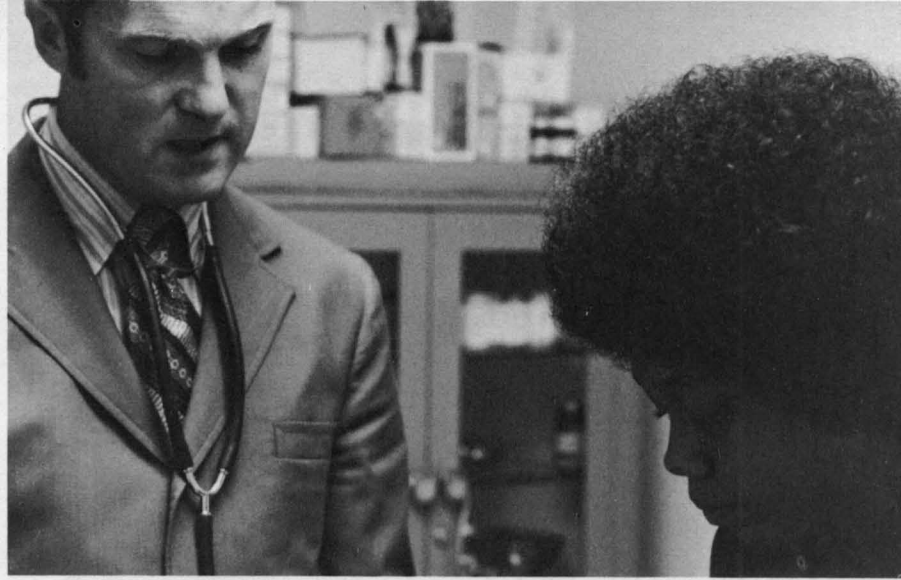
so I can be on my feet all day.

"Most family doctors today do not enjoy the work-load pressures resulting from the overwhelming demand for primary health care and are dismayed by the dearth of young doctors willing to confront it," Dr. Poole says.

"Nevertheless, I am amazed daily by the capacity of the human mind when it comes to retention and rapid-fire diversified judgements. I credit Jeff for the balanced preparation that has enabled me to understand the whole man and conduct intelligent dialogues with consulting specialists." His eleven o'clock appointment is a six month old boy who receives a dose of polio vaccine as his mother and sister look on. Dr. Poole delivered the girl and has been taking care of her brother since birth. "I've been coming to Dr. Poole since I was about six," their mother smiles. Then Dr. Poole takes a look at Tommy, the next patient, a six year old with a bad cold. Tommy describes his symptoms, asking cockily "Hey, what do you think you're doing?" as Dr. Poole lifts his shirt to listen with his stethoscope. It is only a bad cold and his mother gets some pills and a prescription for him. She is expecting her fifth child and wonders whether she will have to find a pediatrician once the baby is born. Dr. Poole assures her that he will take care of the baby—the only things he's given up are prenatal care and the delivery.

In comes Mrs. Smith for a cold shot. She asks Dr. Poole whom she should call at his church to publicize an upcoming square dance. "Oh, that would be George Warren," he replies. A girl with a sore throat gets a prescription and is told to call on Friday if symptoms persist; a mother gets a shot as her two sons stand by. "Doesn't that hurt, Mommy?" "Not really," she smiles. Dr. Poole notices a swelling under one boy's eye. "I think it's just a bite," says his mother. "Yes it is," Dr. Poole agrees after a quick examination.

Next is a man in his fifties who has been sent home from work because of dizziness and weakness. "It's nothing, but the plant nurse made me promise to come and see you," he protests. "I've had a cough since that rain a week ago—but today in the cafeteria I felt so weak. I don't understand it." A few minutes later Dr. Poole reassures him that it is only a cold and tells him how to treat it. A couple brings in their five month



Advice for a cold victim.

A preventive measure.





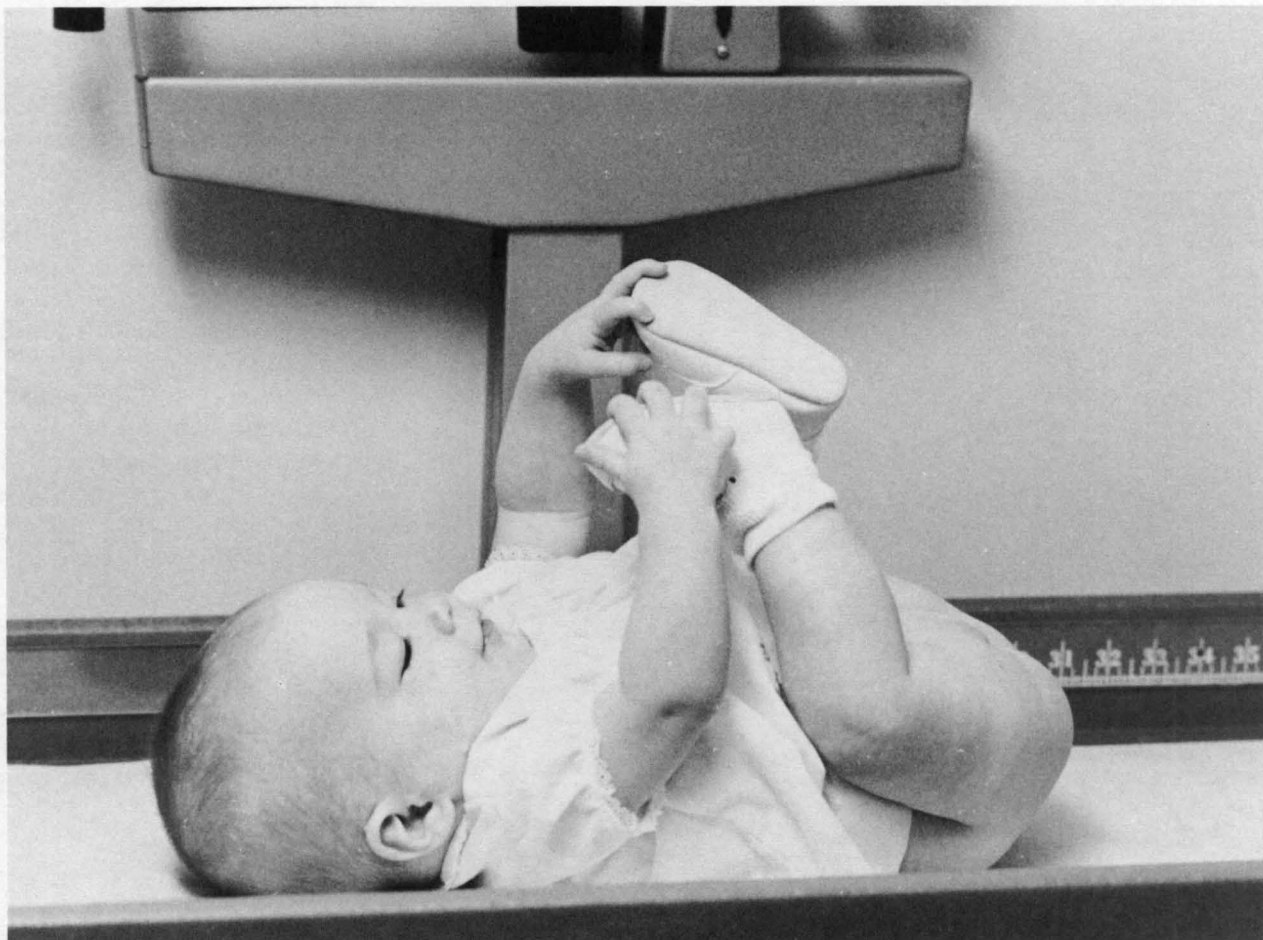
old daughter. Since she is their first child, they are very anxious to know if she is growing normally, if they are feeding her and caring for her properly. Dr. Poole admires the baby's new teeth and announces that she is heavy enough to start eating other protein—an egg yolk a day. Dr. Poole gives her a shot. She is miserable and nothing will console her.

The morning's final patient is a five year old girl who has had a high fever and serious nose-bleeds. Her mother is worried that she might be upset by her new brother but Dr. Poole sees that her throat is infected and prescribes for it. As they are leaving, her mother asks about the baby's severe diaper rash and Dr. Poole recommends a medicated powder.

"I have a very pleasant time in the office. I really look forward to this more than anything else," Dr. Poole asserts. "This morning the complaints were minor but if I had found anything unexpected or suspicious, I would have asked the patient to come back for a comprehensive examination. That way I can keep the schedule moving. You get to know people in these casual visits and they grow to trust you. Then when it's serious, they have confidence and you are able to see them through the critical situation—which, of course, really strengthens the bond. The most amazing part is the various ways different people react to the same situation. Of course you have to adjust yourself to each view. Several months ago a medical student observing during a hectic



Relief overwhelms anxiety.



A satisfied patient.

morning remarked that I had seen approximately thirty-five patients, and I was a different person to each of them. After a while you begin to meet people's needs with your own personality unconsciously."

Next on Dr. Poole's schedule is his weekly visit to an elderly woman in a retirement home, "just to check and spend a few minutes chatting." She obviously appreciates his attentions. "Dr. Poole's the best doctor I've ever had and I'm eighty-six years old," she says proudly. Although Dr. Poole values the house call, he makes as few as possible. "Because of time I make a minimum of house calls and insist on speaking to patients who want me to go to their homes," he explains. "Often I can persuade the patient that his problem can be brought to the office. For instance, people used to feel that a child with a fever shouldn't be moved, but he can be brought in if he is dressed warmly and kept quiet. Aside from contagious cases, I go out to see only elderly patients or to treat an emergency. House calls are a helpful part of general practice though, because you can tell much about a family from their home—not just eco-

nomically but how various members relate to one another."

Back in the office by two o'clock, Dr. Poole has additional hours until six. On Wednesday he takes evening appointments and Thursday is his day off. Dr. Poole shares the renovated carriage house where his office is located with one other doctor. Together they are able to provide twenty-four-hour coverage three hundred sixty-five days a year by alternating holidays and weekends. "The patients are satisfied with the arrangement," Dr. Poole states. "We are just not available on our days off and they realize we need relaxation the same way they do." His days are full but Dr. Poole does not allow himself to be overwhelmed by his practice. "That's why I gave up obstetrics—it was just too much," he explains. "I was exhausted and it wasn't fair to my family." Still the practice continues to grow. Every fourth or fifth patient is new, someone seeking a counselor, a doctor to care for the whole family. Again and again Dr. Poole is asked, "Will you be our family doctor?" What people are seeking is a doctor who will develop a longitudinal knowledge of each person in the family so that he will



"Dr. Poole's the best doctor I've ever had and I'm eighty-six years old."

have a diagnostic and therapeutic headstart when it comes time to deliver care and counseling economically.

Although many of his patients' complaints are minor and routine, Dr. Poole does not feel isolated from interesting pathology. "I feel we practice aggressive, up-to-date medicine," he asserts. "Of course I do all the reading I can and work in a couple of courses each year. Also the hospital here is very well-equipped." Chester County Hospital is just down the road from Dr. Poole's office. A two hundred fifty bed facility with land for expansion, the hospital has an intensive care unit and cobalt treatment equipment. The operating and recovery rooms are located next to the intensive care unit in order to centralize expert personnel. There is also a minimal care unit for patients who are having tests or awaiting surgery. In this unit the patients wear street clothes and walk to tests and post-operative examinations. The unit includes a dining room and a library where the thirty patients eat and relax together. Classes to instruct diabetics to treat themselves are held in the lounge. Because few supportive personnel are required, these rooms are much less expensive.

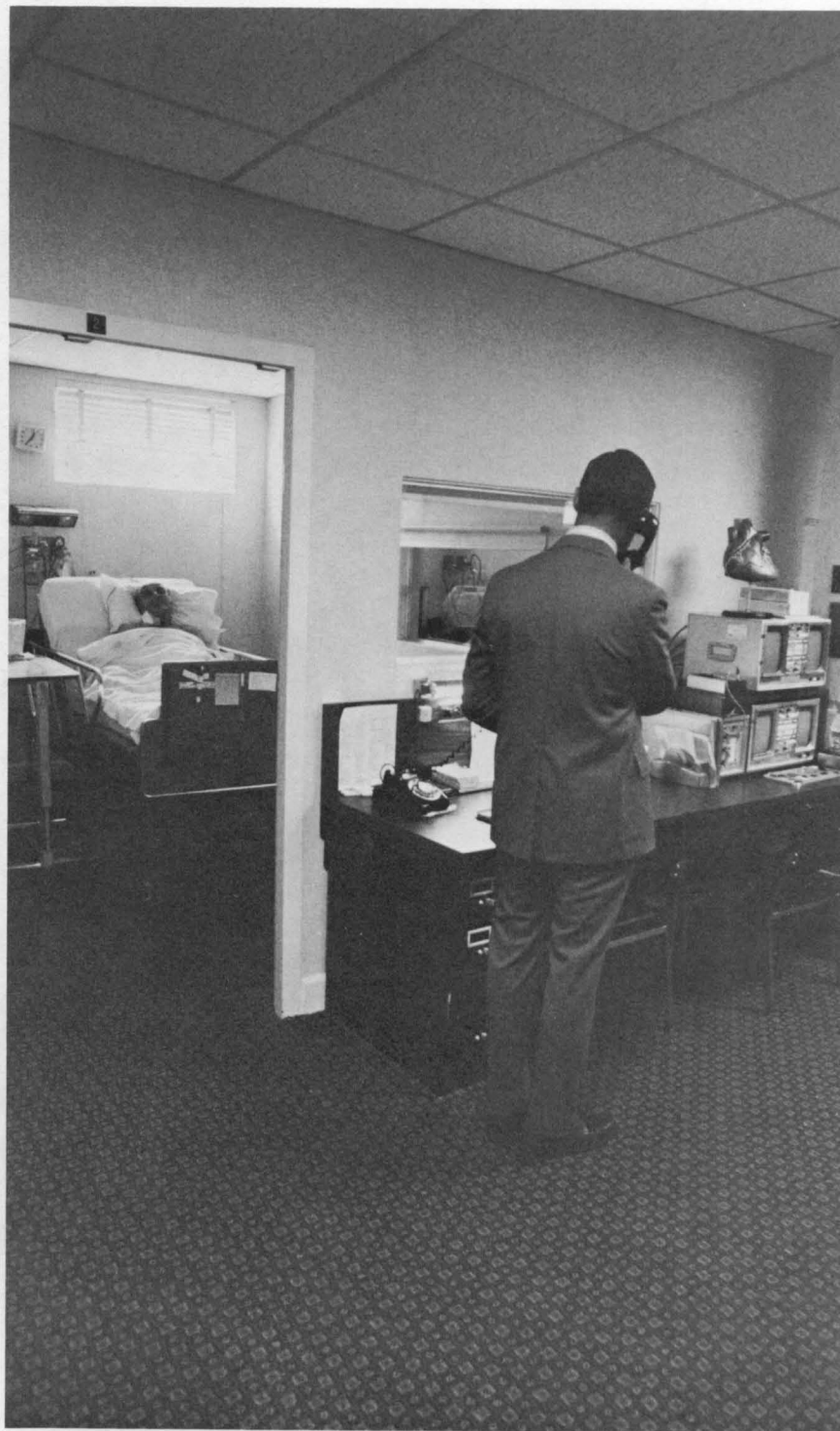
The main hospital is currently being redecorated and air-conditioned for patient comfort. Funded by an enthusiastic Women's Auxiliary and a loyal community, the reconstruction will convert all rooms to private and semi-private, providing uniform facilities for all. Decoration plans include bright wall paper and colorful carpeting, the inspiration of a local artist who has volunteered her design skills. Dr. Poole feels that the community hospital is essential. His patients like to be in a place which is familiar and easily accessible to family and friends. He particularly admires the hospital directors who have been able to instill a "family feeling" among employees so that all work together to create a positive atmosphere for the patients.

The hospital also has an extensive outpatient department of which Dr. Poole is Chief. Unique among Chester County hospitals, the outpatient department has clinics in surgery, medicine, obstetrics, pediatrics, dentistry and most subspecialties. In addition the hospital operates a nursing school where Dr. Poole teaches hematology. A member of the hospital's medical education committee, he also is involved in training the interns who meet each day during lunch for discussion of various phases of the hospital's activities.

Realizing that the general practitioner provides a vital link with the community, Chester County Hospital accords family doctors the fullest possible privileges. Dr. Poole enjoys his hospital work and recognizes the hospital's role in maintaining standards of medical care in the community. Relationships with area specialists are facilitated through hospital associations, but Dr. Poole is relieved that he is not involved in the politics of referral. The happy medical family has been a source of great satisfaction in West Chester. "Since I have been here," Dr. Poole comments, "specialists and family doctors have recognized and respected the mutual need for each other. Until recent years the quantitative balance has been excellent, and it's interesting that the community we serve has been the first to detect the developing imbalance."

What Dr. Poole values most in his practice is the long-term involvement with individuals and families, the continuity of care over the years. "It's very exciting to watch families develop," he says. "Of course there are many, many hard times. It's fulfilling to be able to help but often frustrating when you've done all you can and it's not enough." Dr. Poole admires patients who try to help their children feel relaxed about visits to his office by bringing them along when one of the parents or another child is the patient. Fathers often come with the mothers when the children are sick. Dr. Poole feels these visits help to build solidarity within the family and foster feelings of confidence and friendship as well. Usually Dr. Poole finds out about the whole family when one member comes to the office. Often there are questions—What should we do about grandfather's swollen ankles? Is there any way to make the baby's teething easier?—questions the patients consider too trivial for a separate appointment but troublesome enough to ask about. Because families value his judgment, Dr. Poole is often embroiled in complex intra-family problems. The psychiatric training he received at Jefferson has been valuable in advising patients who turn to him as a family counselor. As an outsider he feels he can contribute to family stability, interceding, when invited, between parent and child and anticipating such potential problems as drug addiction and alcoholism through regular exposure to the patients. Thus he is involved in a "multisystem delivery of health care," operating at many levels.

Dr. Poole enjoys West Chester itself and has become deeply involved in its activities and



The intensive care unit at Chester County Hospital.



The end of a long day.

problems. A community looks to its doctors to assume an extraordinary number of responsibilities. When they need a leader, they call on him. Dr. Poole has tried to limit his activities to medically allied endeavors. In 1963 he organized and directed the Sabin Immunization Program for Chester County; in 1966 he was Co-Chairman of Citizens for a Chester County Department of Health. Over strenuous objections from many sources, the County Health Department was established and now effectively enforces health standards in industries and restaurants. Currently Dr. Poole is a member of the Chester County Commissioner's Committee on Narcotics. "Unfortunately the community is not concerned enough about this issue," he says. "They talk a lot, but they really have no idea of the extent of the problem here. We are now proposing a one quarter million dollar budget for rehabilitation alone—not a penny for prevention. It's essential but the people don't believe it. We're even saving money by urging the use of our state mental hospital as a drug rehabilitation facility. There are several buildings empty now in the institution because of the advances in the use of psychotropic drugs."

Another county project which Dr. Poole helped to direct was the drive to raise money to build a day care center. The drive was successful and so is the day care center, judging from the photographs of the children which Dr. Poole has hung in his waiting room. The day care center is open from seven in the morning to seven at night and serves seventy-five children during a full day and more who come after school. Like a Headstart program, the center introduces the children to the concepts of reading and arithmetic and sponsors trips to neighboring farms, and the zoo and science museums in Philadelphia.

In addition, he is active in a number of professional organizations. A member of the Board of Directors of the Chester County Medical Society since 1967, he is currently its President-elect. He became a member of the American Academy of Family Physicians in 1957 and has served as President of the Chester County Chapter. As Class Agent he has appealed successfully to his classmates on Jefferson's behalf. In the last six years the class of 1953 has won an award each year for number of gifts and percentage of participation.

All in all West Chester and its citizens keep Robert Poole busy and interested. "I look forward to each day and enjoy it," he remarks. His pleasure stems in large part from his closeknit family. West Chester provides ample facilities for golf, tennis and swimming in which the Pooles participate—and sometimes the intrafamily competition is fierce. Extending his commitment to the integrity of the family to his own life, Dr. Poole encourages his daughters to share his interest in music and sports. One

family project is the care of an extensive vegetable garden and orchard. In addition to his usual crop of corn, asparagus and lettuce, Dr. Poole experimented with eggplant this year. After he bought the plants, he discovered that eggplant is subject to all kinds of blight. But he persevered—"I sprayed with everything I could think of"—and he and his family happily devoured the harvest. "My daughters help with the garden but they are not enthusiastic mid-summer weeders," Dr. Poole chuckles. Some of the fruit—apples, pears and peaches—is given to the day care center. Each summer the Pooles go off in their camper and tour part of the country. This year they spent most of August in Maine.

Dr. Poole serves his community in a variety of ways, as a physician, an administrator, a leader and a concerned citizen. West Chester's size has enabled him to become deeply involved with many projects of varying scope. Yet the community's size has no bearing on the severity of its problems or the complexity of their solution. Dr. Poole is pleased to offer what assistance he can, whether to individuals, to families or to civic organizations. Yet Dr. Poole is worried that few young doctors are choosing West Chester and similar towns to practice. The fault lies, he believes, with the medical schools which seem to glorify research and academic medicine at the expense of family practice. The question is how to make the student aware of the challenges and rewards of a long-term involvement with a community and its citizens.

The answer lies in the education of the medical student, not in the training of paramedical personnel, Dr. Poole feels. The burdens of a medical practice must always fall on the physician. Certainly a doctor should seek clerical and secretarial help. His own freedom must be assured and easily can be through association with one or more physicians. But Dr. Poole feels strongly that the doctor must deal with the patients. Because he has found that frequent contact between physician and patient strengthens the bond of trust between them, he prefers to give shots, weigh patients and render medical attention himself.

Dr. Poole is well aware of the impending crisis in the delivery of health care in this country. Although personally concerned with the situation in West Chester, he knows that conditions are much worse elsewhere. Unless attitudes towards family medicine are quickly reversed, the doctors who are so urgently needed will not be available. Medical schools must encourage their students to focus their training on family practice. Specific training programs must be established. Perhaps most crucial of all, the prestige of the family physician must be restored. World-acclaim will never be his, but there is no greater accomplishment than a lifetime of dedicated service.

Crisis in Primary Care

by David W. Kistler, M.D.

In considering the deficit that exists in the delivery of primary care in the United States, we must study its extent, the reasons for it and then ask what can be done, what are some of the possible solutions?

During the period from December 1967 to December 1969, Pennsylvania lost nine hundred nineteen general practitioners, twenty-two percent of all general practitioners in the state. But during the same two-year period, four hundred twelve physicians opened practices in Pennsylvania. However, those who were taking care of patients, the so-called patient care physicians, had dropped a total of five hundred sixty-five. This is part of a trend throughout the country but in Pennsylvania we have been hit very,

As President of the Pennsylvania Academy of Family Physicians, Dr. Kistler is well-acquainted with the impending crisis in that state. A graduate of Hahnemann Medical School, Dr. Kistler has a family practice in Wilkes-Barre and is a Clinical Instructor in Community Health and Preventive Medicine (Division of Family Practice) at Jefferson.

very hard. Thirty-two percent of the national loss centered in Pennsylvania. If this trend continues we are going to be in very serious trouble.

The U.S. Department of Health, Education and Welfare, which has studied this problem thoroughly, has set the improvement of the delivery of primary care as its first priority. In Pennsylvania Governor Milton J. Shapp's Science Advisory Committee (which lists very few primary care physicians) has shown that the health services in the Commonwealth fail to make acceptable and accessible treatment available to its residents at a reasonable cost.

We in the outlying communities have felt this for years. Many communities have been looking for family physicians. The Pennsylvania Medical Society has a bureau which will register those communities needing physicians. The society presently lists ninety-seven communities which are searching for a family physician. Most of these are rural areas but there are several large cities in this group, including one outstanding medical center. The need is there in the community; the people are getting desperate. There are many stories about what people will do to get into a physician's office. It is not unusual for them to say that they are severely ill when they are not. They are frantic and feel this is the only way to get into the health care system.

In 1966 in the midst of growing concern about the delivery of health care, three national commissions investigated the major problems facing medicine: the Citizens Commission on Graduate Medical Education (The Millis Commission), headed by Dr. John Millis, President of Western Reserve University, the National Commission on Community Health Services (The Folsom Commission), chaired by Dr. Marion Folsom, Secretary of Health, Education and Welfare during the Eisenhower Administration and the AMA Ad Hoc Committee, chaired by Dr. William

R. Willard. All three reported independently but their findings were shockingly similar. The biggest problem in the delivery of care is fragmentation. A person would go to one doctor for an episodic illness, to another doctor the next time, very often trying to make his own diagnosis before he went. The recommendations were practically identical on the main points. What is most needed in medicine is continuing comprehensive care, provided by one physician or one group of physicians whereby all the patient's records are kept in one place, where the continuity of the patient's care is followed. Even if a patient were undergoing cancer chemotherapy with a man trained in that area, his own physician would take care of the total patient.

Obviously there is some merit to the public's complaint that we as physicians are not providing the care they want. It behooves us to listen and to listen closely when we hear this. How severe is the deficit? What sort of action is needed to correct it? The Board of Directors of the American Academy of Family Physicians has reached the following conclusion. In 1969 there were 65,000 general practitioners in the country. On the basis of a ratio of one family physician for 2,000 persons, a total of slightly more than 100,000 family physicians was needed. By 1975, 115,000 family practitioners would be required which would result in a shortage of 45,000 family doctors. To correct this would be a major task. A net increase of 7,000 physicians per year for the next five years would result in an increase of 35,000 by 1975. If fifty percent of

these—which is a very high figure—entered family practice, there would still be a shortage of 28,000 family doctors in 1975.

Is this a temporary situation which will improve? Obviously, when there is a shortage we have to study those people who are in practice now and what is happening to them. We must analyze what is being done in medical education to produce more physicians.

Most people would agree that a properly trained physician can take care of about eighty-five percent of the conditions that bring a patient into the medical care system. Yet in 1969 in Philadelphia there were six times as many residents in internal medicine as there were in family practice. Some of these young physicians were going into general medicine but many of them were going into the more limited subspecialties. Six times as many general surgeons as family physicians were being trained, as many ophthalmologists, twenty times more orthopedists. There were fifty percent more otologists, men who devote all their time to the ear, than physicians who are responsible for the continuing care of the whole person. There were one and a half times as many anesthesiologists and pathologists, two and a half times as many psychiatrists, twice as many radiologists. In summary, only one out of forty-four residents or interns was in family practice training at that time. Thus, from the production standpoint, the outlook is not very bright.

What about the current situation? How old are the doctors who are in

family or general practice? In the Greater Delaware Valley Regional Medical Program, which includes roughly the eastern third of Pennsylvania, all of Delaware and the lower third of New Jersey, the average age of the general practitioners is ten years older than that of other physicians. In northeastern Pennsylvania there is a county with two doctors, both of whom are over sixty-one. The average age in all of northeastern Pennsylvania is fifty-eight. Within seven years the majority of these doctors will not be in practice. The crisis is upon us and it will worsen in the next few years.

Why don't doctors go into family practice? Why do they leave? What are the problems? What is the answer? We can say that there has not been overall planning which I am sure is true. But there is also the question of individual preference.

In Virginia, under a grant from the U.S. Public Health Service and Sears Roebuck, a pair of investigators asked seventy-one primary care physicians why they left this field to go on to other areas. Two-thirds answered overwork. Other problems were inadequate help and lack of exposure to teaching institutions and teaching programs. The researchers asked the doctors what they thought was most important in enhancing primary care. Ninety-six percent of those interviewed said that group practice was essential. Eighty-one percent felt a family practice residency or other formal training was necessary before opening a practice. Others stressed the need for more aides and better organization. Certainly the fact that general practitioners have not had a definite delineation of specialty or formal residency training has not added to the prestige. The long hours hurt. Some of the problems have been overcome by the Family Practice Boards which were initiated in 1969. Family practice has become a specialty with a delineated field of expertise.

The figures predicting the shortage

**What is most needed
in medicine is
continuing
comprehensive care,
provided by one
physician or
one group of
physicians**

**In order to attract
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are alarming. However, they are based on current practices. Certainly there can be a smaller deficit if we change the practice. There is bound to be a great deal of resistance to such a change. If better organization would help the family practitioner, if banding together in groups and practicing with other doctors would help, if using ancillary personnel would help, why haven't we done it? Physicians have a strange disease: independence. We have been very reluctant to give up some of that independence for our overall welfare and often for our very life. Nevertheless, the practice must be changed to meet the medical needs of the American people.

We need to increase productivity, a goal which can be achieved with more aides, more help in an office, and proper delegation of duties with the general principle of downward delegation. A nurse and a physician's assistant can be a tremendous help. Downward delegation of duty, with the possibility and promise of upward mobility, is important. The person who is least trained and can do the job as well as a person with more training should be doing the job. When those who are least trained acquire skills required in a higher position, they should be promoted. Thus the nurse's aide may become a LPN, the LPN an RN, the nurse a physician's assistant.

Perhaps the most neglected aspect of the whole problem of the delivery of health care is the need for better facilities. Many physicians practice in such cramped offices that there is no room for expansion, for the additional personnel necessary to increase productivity.

Let's be more specific. What facilities and what type of family practice team are necessary to provide primary care for a unit of 20,000 people, whether it be rural, suburban or inner-city? The model office allows five physicians to work at one time. Four physicians would have a consultation and three examining rooms each; the

fifth physician would care for emergencies, trauma and acute infections in the emergency room. The facility would have x-ray, physiotherapy and a laboratory on a separate floor.

The group of family physicians requires a health care team to aid the physicians in giving full time to the patients. The receptionists handle the vast majority of the phone calls. The nurses aides and LPNs will help with preparing the patient for examination, taking vital signs, blood pressures, etc. The nurses give injections, change dressings and render routine treatment prescribed by the physician. The educational nurse instructs the diabetic, aids with diet instruction, teaches patients with chronic illnesses a better understanding of their disease and outlines preventive health care.

The solution to the current crisis in the delivery of health care will require adaptability on the part of both physician and patient. The family physician can no longer practice alone: his patients must realize that the more routine phases of health care can be adequately carried out by his assistants. In order to attract young doctors to family practice, we must be able to provide assurance of professional and office help and the freedom such assistance insures.

In summary, there is a crisis in the delivery of primary health care in the United States; it will get much worse before it gets better. A group of family physicians assisted by a health-care team, practicing in adequate facilities can provide an efficient answer to the crisis in the delivery of primary health care.

Family Practice: A Student View

by Allen Sonstein '72

Organization and Management of a Family Practice, published by the American Academy of Family Physicians, describes the family practitioner as "the physician who assumes continuing responsibility for the health care of the patient as an individual and for the family as the basic unit of society." Such a physician must possess a basic core of knowledge in all areas of medicine and must strive to keep this knowledge current through constant use. He must be a physician adept in basic techniques and one who knows when his patient requires more sophisticated skills. A family practitioner must be an acute diagnostician, proficient in office surgery and gynecology and able to render emergency care of trauma. His work is the care of infants, adults and the elderly with emphasis on prevention of disease, maintenance of health and rehabilitation as well as care for episodic illness or short term remedial care.

Continuing responsibility for the patient is one of the basic elements of

A member of the class of 1972, Mr. Sonstein is a graduate of Temple University. He is President of the Family Physicians Society and plans a career in family practice.

family practice. Prior and continuing knowledge of a patient's problem reduces the need to carry out or repeat many diagnostic procedures. As a result, treatment will often be less complicated and costly but more effective. Such a physician is truly a specialist, one whose sphere is defined by function rather than by disease or patient age.

I have several reasons for choosing family practice. I enjoy patient contact and I want to treat people as total human beings, not merely as parts of the body. I want to provide comprehensive health care, a challenge unique to family practice. The trend in medicine today is towards specialization and subspecialization. Such a tendency is not only expensive and time consuming but also indicates a breakdown in health care delivery. Although there is a need for subspecialization for difficult and unusual complications, it seems absurd that a patient should go to a cardiologist for chest pain, to a gastroenterologist for abdominal discomfort or to a urologist for urinary infections. The family practitioner should be the key to the referral process but it appears that within a few years many patients will have four or five secondary physicians and no primary care physician. I feel that a family should have a physician to rely upon, one who is aware of their health problems and able to represent them in entering and dealing with the medical care system. What a tremendous gratification for a physician to do this.

The vast spectrum of diseases that family practice encompasses appeals to me as I prefer not to confine myself to a single area. I enjoy variety and welcome new challenges. A properly trained family physician can recognize and often treat the unusual cases; he need not feel doomed to years of minor ailments and chronic complaints.

Finally, one of my goals is to teach, for a family physician also must be an educator. The family practitioner can be valuable in teaching physical diagnosis, preventive medicine and situational psychiatry, whether in

class or on a one-to-one basis in his office. Students should be required to spend time in private offices to see patient contact first-hand, to observe a physician perform a history and a physical (something rarely seen in a university setting) and to gain insight into family dynamics.

In order to complete my education and training in family practice, I plan to take a residency in internal medicine followed by at least a year of a family practice residency. Although the family practice residency provides the best training, I feel it would not be sufficient because I hope to furnish comprehensive care in a metropolitan area. During the three-year family practice residency, the young physician is exposed to all phases of health care and follows and treats patients in the hospital and on an outpatient basis. The resident must learn continuous preventive and curative internal medicine, pediatrics, non-operative gynecology, situational psychiatry and minor surgery. He also must become familiar with family sociology, family structure and family relation to disease and emotional states. Finally he must achieve understanding of the effects of the physician's personality on his patient care techniques and the effects of patient pressure and responses on his own personality. A residency in internal medicine provides training in diagnosis and treatment of many common complaints but does not include pediatrics, gynecology, minor surgery or psychiatry. A combination of internal medicine and pediatrics is an improvement but it is still deficient in the other vital areas. I feel that the family practice/internal medicine combination will enable me to provide comprehensive care without subjecting me to bureaucratic restrictions. With the additional training in internal medicine I hope to reduce referrals and obtain full privileges in a metropolitan hospital. Thus, when a

Medical schools must bear much of the responsibility for the diminished prestige of family doctors and consequently for the shortage of primary care physicians that exists today.

patient is admitted to the intensive or cardiac care unit, I will be able to treat him myself, not refer him. Although the family physician cannot do everything, he must strive to achieve as much as possible. I truly hope that there will be a breakdown in prejudices and that family practitioners will eventually be treating patients in university settings with full privileges.

Medical schools must bear much of the responsibility for the diminished prestige of family doctors and consequently for the shortage of primary care physicians that exists today. For the last twenty years the medical schools have glorified research and academic medicine at the expense of family practice. I feel that Jefferson has not encouraged students to explore the possibility of family medicine and has been lax in setting up the mechanics for preparing interested students for a career in the field. A Division of Family Practice has been established within the Department of Community Health and Preventive Medicine. Currently two courses are offered, a spring elective for freshmen and a summer block elective open to juniors and seniors. Compared to the plethora of courses available in other areas, this is indeed a token effort.

Last year the Family Physicians Society was founded by Jefferson students to try to fill the void. Co-sponsored by the Pennsylvania Academy of Family Physicians, FPS is fortunate to have Dr. Joseph J. Rupp '42, Associate Professor of Medicine, and Dr. Franklin C. Kelton, Clinical Instructor in Community Health and Preventive Medicine (Division of Family Practice) and a practicing family doctor, as faculty advisors. In an effort to promote interest in family practice and community medicine, FPS provides students with an opportunity to visit the offices of practicing family doctors, argues for adequate representation to the field of family practice in the Jefferson curriculum

and promotes the science and art of medicine and surgery and the betterment of the public health.

Our activities focus on two areas, a perceptorship program and a series of discussion meetings designed to explore the various facets of family practice and the avenues open to students interested in the field. Last year the Pennsylvania Academy of Family Physicians inaugurated the series with a program on family practice residencies moderated by Dr. R. Bruce Lutz, Jr., '51, Chairman of the Committee on Education of the PAFP, Dr. Robert M. Yost, Clinical Instructor in Community Health and Preventive Medicine (Division of Family Practice), and Dr. Willard A. Krehl, Professor of Community Health and Preventive Medicine and Chairman of the Department. At the second meeting Dr. Richard Crocco, Assistant Professor of Psychiatry, discussed the influence of medical schooling and internship on a student's family.

Among the more specific topics was a presentation of dermatologic problems in pediatrics given by Dr. Irving J. Olshin, Professor of Pediatrics. In February Dr. Olshin joined Dr. Gary G. Carpenter '60, Associate Professor of Pediatrics, in discussing problems of genetics counseling. Other lecturers have included Dr. Rupp, who spoke on drug-induced disease, and Dr. Gonzalo E. Aponte '52, Professor of Pathology and Chairman of the Department, who recounted "Diseases of Famous Men."

Two special events have taken place this year. In September a cocktail party gave family practitioners and students a chance to meet informally to exchange ideas about family practice. Among the physicians attending were Dr. David W. Kistler,

President of PAFP, Dr. Edward J. Clark '50, Dr. Samuel S. Faris '43, Clinical Instructor in Community Health and Preventive Medicine (Division of Family Practice), Dr. Bernard B. Zamostein '37, a former President of PAFP, and Dr. Dene T. Walters, Director of the Family Medicine Unit at the Wilmington Medical Center. In January FPS collaborated with the Hare Society and the Gibbon Surgical Society in presenting a seminar on inflammatory diseases of the colon. Dr. Kelton represented FPS. In March Dr. J. Jerome Wildgen, President-elect of the American Academy of Family Physicians, will address the student body during the University Hour.

The other phase of our activities provides clinical exposure to family practice and community medicine. Through the preceptorship program, students may visit offices of family doctors in Philadelphia, Montgomery, Bucks, Chester and Delaware Counties. Our program is an adjunct to the courses Jefferson offers because it permits students to make arrangements at their convenience with one of the physicians who have volunteered to participate. Students gain insight into office organization and patient contact and are taught on a one-to-one basis, a profitable experience no matter what level of knowledge the student has achieved.

The formal family practice courses and our program have been enthusiastically received by the students. "The most rewarding experience of my freshman year," "Family practice is for me," "Every student should have to go out at least once in the first two years and see the way a good family practitioner works" are typical comments. Many students are amazed by the complex challenge of family

practice. One sophomore wrote "I came to Jefferson with the preconceived notion that a G.P. was someone who was too lazy to go on to a specialty. The elective in family medicine changed my thinking drastically . . . The patients presented the widest variety of diseases imaginable, even psychiatric disorders . . . The rapport between physician and patient was fantastic . . . The art of medicine cannot be practiced more fully than in family medicine . . . This elective taught me that family medicine is in reality a specialty as challenging and rewarding as any other."

A corollary goal of FPS is the promotion of interest in community medicine. Unfortunately we have been thwarted in this area. At our first meeting last year, we agreed to initiate a program for students to visit community health centers in Philadelphia. Seeking information about these centers, we approached the Director of Community Education at the Philadelphia Department of Public Health. He informed us that despite our good intentions and interest we would have little success with our project because patients strongly resented even the presence of students during treatment. He did oblige us with the names of OEO health centers. I visited five of them, hoping to learn about their problems. Most startling and revealing was the patients' response to the suggestion of student observation or participation in their health care management. None had any objection; many said they felt they needed as many doctors and as much help as they could get. I concluded that either the centers' physicians or the community leaders controlling the centers opposed student involvement. Since the physicians I spoke to were receptive to such participation, the fault could lie only with the community leaders. In one center the doctors requested student participation but the control board flatly refused. Thus it appears that inspite of patient and physician

approval, the community leaders disapprove. Surely their motives must be questioned. At the same center I attempted to set up a program permitting incoming freshmen to follow families throughout their four years of medical school. This proposal was flatly rejected. Although I am critical of their administration, I am in full agreement with the goals of these health centers. The traditional public health department clinics and hospital clinics created to serve the poor have had little impact on health standards. Furthermore, the number of private practitioners serving poor areas is steadily decreasing. The neighborhood health center is succeeding in its attempts to rectify this situation, but it has also acknowledged the need for additional personnel. Why then is there no program to encourage student interest and support? The future of these health centers depends on this very interest and support. These centers will not continue unless the community leaders wake up and realistically focus their attention on inviting and welcoming student participation.

Perhaps the most important goal of the Family Physicians Society is to obtain representation for the field of family practice and for family practitioners at Jefferson. Last year FPS drafted a response to objections frequently voiced by faculty opposed to family practice as a permanent segment of the medical curriculum and in particular to the recently established electives. Some members of the faculty believe that since the quality of medicine practiced by many family prac-

The most important goal of the Family Physicians Society is to obtain representation for the field of family practice and for family practitioners at Jefferson.

tioners does not meet the medical school's standards, students who engage in such an elective will be receiving a substandard education. FPS replied that during the first two years of medical school students are taught the ideals of medical theory necessary to question and choose intelligently between good and bad medical care. Students who form opinions about the quality of medicine practiced by their hospital instructors will evaluate the quality of care offered by their family practice preceptors. To deny this is to deny that the students have learned anything in the first two years of medical school. Family practitioners would offer a good, if not a better, teaching source in the clinical years. Although there are many distinguished physicians listed on the faculty in the college catalogue, clinical teaching experience is obtained primarily from interns and residents. To claim that Board Certified practitioners are less qualified than house officers to teach is absurd. Finally there is no better way to learn than on a one-to-one basis.

A second qualm was that family practice preceptorships might discourage students from the field because of the poor teaching and bad habits to which they would be exposed. FPS conducted a survey of the students who took the electives and the results indicate an overwhelmingly favorable response. The students were convinced that they should be aware of what family practice is today, both its good and bad points. Many freshmen felt that the early clinical experience gave them a perspective on their basic science studies. One commented "During the freshman year the word 'patient' defines a concept of a hypothetical person inflicted with some serious disease used to illustrate some problem to prove the relevance of some esoteric point. The whole principle of medical practice is obscured by the very nature of freshman courses taught by non-practitioners . . . By its very nature, the elective opposes all these points . . .

Medicine becomes a reality, a practice, an art. This is a real experience, not hearsay that lacks perspective." In addition to the common fund of knowledge and skills required of all students, medical students should be exposed to the family practice concept. The medical school program should include education centered on the patient—his continuing care, his environment and the use of community resources. Is there a better way to accomplish this than by exposing the student to family medicine as practiced by experienced family practitioners?

Finally, the faculty opponents insist that a medical school retain the right to screen prospective members of the family practice faculty and to establish the qualifications necessary to a good teaching physician. We agree that high standards must be maintained but we question the mechanism of delegating authority and setting the standards. A department which is responsible to all the specialty branches in the medical school cannot fulfill such a task properly. As such this type of department would remain subjugate and never realize an identity of its own. Rather an independent Department of Family Practice should be established with authority commensurate with that of the other departments. The entire family practice faculty would then be responsible for establishing and maintaining proper teaching standards; qualified faculty would be evaluated by their own colleagues rather than by members of other specialty groups. The Family Physicians Society urges Jefferson Medical College to establish such a department to insure quality education and to recognize the essential role of family practice in the health care delivery system.

The New President

At the Annual Business Meeting on February 24, Dr. Herbert A. Luscombe '40, presented the gavel symbolic of the office of President of the Alumni Association to Dr. John H. Hodges '39. Dr. Hodges's association with Jefferson is a long-standing one. After graduation and an internship at Philadelphia General Hospital, he returned to his native West Virginia where he was in general practice for a year. "I really enjoyed the work but there was so much I didn't know," Dr. Hodges explains. "I came back to Jeff for a residency in internal medicine and I've been here ever since."

Currently he serves as Ludwig A. Kind Professor of Medicine, a chair endowed in 1964 by Mrs. Hester Kind in memory of her husband. Both Mr. and Mrs. Kind have been patients of Dr. Hodges. Mrs. Kind so appreciated the care she and her husband received at Jefferson that she wanted to help the institution. After exploring many possibilities, she decided to endow a chair in the field in which Dr. Hodges was involved. He also serves as Director of the Division of General Medicine in the Department of Medicine.

In addition, Dr. Hodges is Director of the Mohler Physician's offices, a complex of eight offices serving twenty-seven Jefferson physicians. From there Dr. Hodges conducts a practice in internal medicine and hematology. From 1944 through 1970 Dr. Hodges was Director of Jefferson's course in Laboratory Medicine. With the changes in the curriculum, that course was reorganized and became Introduction to Clinical Medicine which is required of sophomores and is intended to help the student make the transition from the study of basic sciences to the clinical work of the junior year clerkships. "I find teaching today less didactic and rigid," Dr. Hodges comments. "I spent many years lecturing and supervising laboratory work but now I teach a few students at a time on hospital rounds or in my office. Because of trends in undergraduate education—emphasis on independent work and individualism—medical schools have had to adapt their traditional methods of instruction." Nevertheless Dr. Hodges feels that progress has been made. "People and methods of communication have changed," he asserts. "Both students and faculty have more contact with knowledge in general, a broader base from which to work. I believe the learning process has advanced."



Dr. Hodges

Dr. Hodges's skill as a teacher has been recognized by the students. In 1966 he received the Christian R. and Mary F. Lindback Award for distinguished teaching. The classes of 1951 and 1962 honored him with the dedication of the *Clinic*. His reputation as physician and teacher has spread beyond the Jefferson community. In 1969 he received the Alumni Achievement Award in Medicine from Catholic University of America.

During his years at Jefferson, Dr. Hodges has been an active member of the Alumni Association. In addition to his duties as Class Agent, he serves on several Executive Committee subcommittees, including the Annual Giving Fund Committee and the Nominating Committee. He also is Chairman of the Committee on Alumni Trustees. Before his election to the Presidency, he served as a Vice-President. Speaking of his role as President, Dr. Hodges said, "I have no specific plans but I think it is essential to reemphasize that the goals of the Association must be consistent with the welfare of the institution as a whole."

A member of fourteen professional organizations, Dr. Hodges is a Fellow and Life Member of the American College of Physicians and a Fellow of the International Society of Hematology. Among his publications is *The Manual for the Laboratory of Clinical Medicine*, a well-known textbook which is in its eleventh edition. He is a member of the Jefferson and Lankenau Hospital staffs. Dr. Hodges is married to the former Elizabeth M. Wallace, daughter of Dr. William A. Wallace '20. Dr. and Mrs. Hodges have one son, John H., Jr., and live in Wynnewood, Pennsylvania.



Pennsylvania Dutch Country, 1939

Road to Trumbauersville, 1949



Baum at Barton

These paintings, the work of Walter Emerson Baum (1884-1956), have brought much pleasure to patients in the Jefferson Division of Diseases of the Chest, now the Barton Memorial Division. Jefferson's concentration on tuberculosis and other chest diseases began in 1913, a time when little was known and the possibility of cure seemed remote. Because of the uncertainty, doctors, nurses and patients united to create a warm and cheerful atmosphere to bolster morale. A guiding force behind this effort was the Women's Committee. One of their many projects was bright and colorful redecoration, a plan in which Walter Baum became involved in the early 1930s. Frequent visits to the hospital persuaded him of the therapeutic effect of cheerful surroundings and he loaned several paintings which were later purchased by the Women's Committee.

Four alumni played prominent roles in Jefferson's quest to conquer the "white plague:" Dr. Lawrence F. Flick, 1879, Dr. Elmer H. Funk '08, Dr. Burgess Gordon '19, and Dr. Martin J. Sokoloff '21. In 1892 Dr. Flick founded the Pennsylvania Society for the Prevention of Tuberculosis, the first such society in the country and the model for the national organization. Later he founded the White Haven Sanatorium (1901) and the Henry Phipps Institute (1903). Assisted by Dr. Flick, Dr. Funk established the Jefferson Division for Diseases of the Chest at 236-



Edge of Allentown, Autumn, 1946

238 Pine Street and served as its Director until his death in 1931.

During the tenure of his successor, Dr. Gordon, it became apparent that the Pine Street facilities were inadequate. Fortunately, funds from the legacy of Mrs. Emily Barton Pendleton became available at the same time that the South Broad Street Hospital at Broad and Fitzwater Streets came on the market. In 1945 Pendleton funds purchased the hospital which was renamed Barton Memorial Hospital in honor of Mrs. Pendleton's mother, Mrs. Betty Chase Barton. Mrs. Pendleton's great uncle, Dr. W. C. P. Barton collaborated with Dr. George McClellan in his campaign for a second medical college in Philadelphia. Later he became the founding Professor of Materia Medica at Jefferson and served as Dean from 1828 to 1830.

About the same time (mid-forties) Jefferson acquired the White Haven Sanatorium. Thus, by early 1946, Jefferson had added three hundred respiratory disease beds. In addition to continuing work on tuberculosis, research began on anthracosis and other disorders.

In 1951 Dr. Gordon resigned to become President of Women's Medical College (now Medical College

of Pennsylvania). The next Director was Dr. Sokoloff who had been associated with White Haven and the Jefferson Division for thirty years.

By 1960 it was obvious that Barton patients needed to be physically in a general hospital complex. Although Barton patients were being taken to Jefferson for treatment and returned, more immediate access to all of the services was vital. Barton moved into the Main Building of Jefferson Hospital in 1962, but it retains its identity and traditions, including its loyal Women's Committee.

Dr. Sokoloff retired as Director in 1963 but continues to practice in Philadelphia. Recently he received the 1971 Annual Service Award from the Tuberculosis and Respiratory Disease Association (see page 34). His successor, Dr. Richard T. Cathcart, continues the creative research and innovative treatment which has become traditional at Barton.

Dr. Flick, Dr. Funk, Dr. Gordon and Dr. Sokoloff served a total of one hundred thirty-four years at the various institutions. These interlocking activities explain the unflinching tradition and their smooth transition into what is now the Barton Memorial Division of Thomas Jefferson University Hospital.

The Bulletin is grateful to Leo T. Riordan, Jefferson's resident historian, for providing background material on the Barton Memorial Division.

Where Have All the Teachers Gone?

by Robert L. Evans, M.D. '52

It is time to look at some of the problems of faculty interaction which exist not only at Jefferson but across the nation. Studying the interface between full-time compensated faculty and part-time and voluntary faculty is an emotional problem but one that is of vital importance to the development of this Medical School and its University.

Significantly this year for the first time the AMA reported on numbers of voluntary and compensated as well as full-time faculties of medical colleges. JAMA reports that as of January 1971 there were 28,058 full time faculty, 7,792 part-time faculty, and 49,928 voluntary faculty in the one hundred and three American medical colleges. These figures demonstrate that our medical colleges are a long way from being able to handle their teaching loads without voluntary and part-time faculty in either their affiliated or their major hospitals.

Recently I received a brief letter from one of the great teachers at Jefferson and one for whom I have both the deepest respect and highest regard. It was addressed to the Eminent Dean of the Rockford School of Medicine and was in answer to "Where Have All the Teachers Gone?" "Dear Bob:" it read, "I know where the faculty went. They are all in hiding." It was signed Bernard J. Alpers. It was like so much of his comment, direct and superb in its brevity. It probably is typical of his feelings. It reflects what I wish to say.

By definition full-time faculty are teachers or research personnel whose major or only compensation comes from their faculty position and who are paid a salary base. If they have patient care earnings these moneys generally go into some form of faculty or institutional fund. Compensated faculty are part-time teachers who are paid some part of their income in salary but are allowed unrestricted practice opportunity. Finally voluntary faculty are teachers who donate their time with no compensation.

It is critical, at this point in time, for a common under-

standing and function between full-time faculty, compensated faculty and voluntary faculty. There are many forces both in and out of the medical colleges that are now affecting the status, communication possibilities, compensation and relationships between these faculty groups. Let us explore some of these forces.

First, hospitals in general, particularly those over two hundred beds, are beginning to develop secondary and tertiary care abilities. This kind of care is no longer the province of the university medical center. This means two important things: the non-university hospitals, more and more, have the staff and facilities for deep involvement in undergraduate medical student teaching and the university hospitals, less and less, are the stellar center attractions of medicine to the public.

The hospital in Rockford, which assumes responsibility for open heart, bypass, pump surgery and, other types of mechanistic support of cardiovascular systems during surgery, is a two hundred bed hospital. It is equipped with an animal laboratory. It also has a pump team which functions at least five or six times a week in some type of bypass surgery or major animal surgery. This team stays competent.

Another of the Rockford hospitals has a neonatal unit which services over six hundred square miles and is staffed by two competent full-time neonatologists. This is typical of what is happening in most of our communities. There is a disappearance of the "boon dock syndrome." It is ending in terms of both facilities and people. It is just not coming to an end, it is probably over. The situation at York Hospital in Pennsylvania where I was prior to my new commitment illustrates this point. Our continuing education programs brought faculty from the university setting. There was mutual respect. As they visited our institution "in the boonies" there was a learning experience on both sides. Such personal knowledge makes it difficult to maintain the business of "them and us".

Such understanding has been reinforced for me a hundred times as we begin to build our medical school at Rockford. Only about forty-five of the faculty will be full-time, about two hundred part-time or compensated and only thirty or forty really voluntary. We are building on a community of physician-specialists. The spread is really

Dr. Evans presently is serving as Dean at the Rockford School of Medicine in Rockford, Illinois. He was elected by general alumni vote last June to the Board of Trustees for a three year term. This article was adapted from a speech given by him before the Volunteer Faculty Association at Jefferson.

intriguing. There presently are only two teaching subspecialties not covered to the satisfaction of the faculty committees and the school administration: endocrinology and infectious diseases. In every other medical subspecialty there is someone who has had at least a year of fellowship experience. The important point to remember is that the huge gap which has been apparent for the past twenty-five years between the university faculty and their facilities and those in the community no longer exists. When you look at the current relationships between full-time and compensated and voluntary faculty this assumes even greater import. Our classmates have become the L.M.D.s and this makes it more difficult to fault the quality of care they are giving since the care is based upon information we learned together.

As the gap has narrowed it has become possible to move medical education into the community while the university, because it has had to, has moved more and more into the area of patient care. This is the second major consideration.

For more than twenty-five years research moneys have "fueled" the medical colleges. Good or bad, the fact is irrefutable. Massive research expenditures were an offspring of the Manhattan Project of World War II. The idea somehow survived that these massive expenditures could produce massive moves forward in medical knowledge. The AMA and faculties of twenty years ago also must bear the blame. The initial bill after the war was to give direct support to medical schools for education, not for research. It was the AMA and AAMC which rejected direct governmental support even though supposedly there were no strings attached. As a result the research dollar became the prime method of financing a faculty. Each attempt to develop legislation for direct support for medical education has failed until this year. For the first time the federal government has passed a per capita aid bill for most medical colleges. It is none too soon, for the research well is drying up, and has left many faculty, full-time or compensated, with little support from old sources.

The people said softly several years ago that they wished to see us apply the fruits of this research support to their care system, specifically at the hospitals of their communities and the offices of their physicians. The people also have said (a little louder and a little more recently) that medical care was a human right of the indigent. And, even more recently, they have told us that health care is a human right of every citizen of this country. Not many of our profession heard or reacted. Consequently the volume of the people's voice increased through the years. These years are characterized by Medicare and Medicaid, by support for medical services to transient workers and minorities, by bills to provide services to the ghettos, by the Regional Medical Programs, by community health care planning and services, and by direct educational support as of this year. Certainly the voice also presages some kind of total health care financ-

ing, in the immediate future. What the voice is saying is that we all, university and community, must learn to deliver health care in an increasingly efficient way.

Both the need to replace the research money and the voice of our people have changed the emphasis in many of our medical colleges from research, teaching and care to teaching, care and research and, today, to care, teaching and research. Medical care is the suddenly discovered "new" fuel for the medical colleges. The full-time faculty, who previously were involved with research, administration and teaching, now are turning to patient services in order to fund their endeavors and replicate themselves. The voluntary and compensated faculty members always have been involved in care and teaching. Are we headed then for the argument as to who is the better qualified as the practicing physician-teacher? I hope not.

Nonetheless, we are clearly approaching a system where the staffs of university and non-university hospitals are going to display a functional commonality. Whether the prime source of income is institutional salary or private practice, the major effort of both is going to be in the care of patients and in teaching. Research will be a diminishing function of the full-time faculty and increasingly the province of full-time research personnel, eventually sequestered to a relatively few institutions. All schools, most probably, will retain role model personnel. We must be careful not to make the mistake, reciprocally, of the past twenty-five years.

There are several points before us. First, the gap between university and community hospitals is rapidly narrowing in both ability and personnel; second, the skills difference, which was narrow, is becoming still narrower since the practicing specialist and the university faculty are frequently the products of the same environment, residency and fellowship programs; and thirdly, the role of the university faculty involved increasingly in patient service is coming very close to the practitioner-teacher faculty member.

Into this mishmash with unaccountable opportunities for misunderstanding we inject two more factors. First there is the fantastic public pressure for increasing the production of physicians built by years of condescension and neglect on the part of the profession, including failure to train more doctors and failure to influence their distribution. The mission of the Rockford School of Medicine is to move undergraduate and graduate medical education out of the metropolitan area. This goal is based on national figures that show physicians' tendency to settle within fifty or sixty miles of where they completed their training.

The second factor is the redefinition occurring in our entire health care system. Patient care is dividing into three clearly evident types. The first can be categorized as acute, crisis-oriented, emergency care. This care is limited in geographic and temporal scope by its character. It already is beginning to delimit as a specialty with

the recent establishment of two residency programs. Medical college hospitals take part in crisis-oriented care in the geographical area in which they are located. Since these hospitals frequently are urban institutions with a commercial rather than a residential population there is not as much chance for involvement.

The second identifiable care pattern is comprehensive, continuing, personal health care. Call it family medicine, call it primary care it's coming. It also is limited geographically by patient residence and is another mandate of the people. The university hospital again is not prevented from activity in continuing care but is limited geographically to its patient service area. Jefferson, for example, once served as a primary, secondary and tertiary care unit for a radius of a hundred miles; today it provides primary and secondary care for a radius of only ten miles. And emphasis on tertiary care brings on acute problems in general medical and surgical censuses and average patient stays. Tertiary care hospitals across the country are having serious financial problems, especially without significant staffs of practitioners.

The third type of care is the traditional episode-related specialty care. This type of care can be comprehensive but not continuing. Unfortunately for medical colleges it is the continuing relationship that is wanted. In this setting continuing care, on other than a demonstration basis, is difficult since it entails the function of some faculty as general or primary physicians. In the university setting such physicians may not be acceptable to the faculty especially for admission privileges in some specialty strongholds.

Taking into consideration these problems it is obvious that rapid and meaningful change is necessary. We must take a different look at each other even though we are old friends. We must revisit some of the problem areas and review what might be done. What changes can we propose that may bring us together?

The teaching of medical students is increasingly moving to *associated* hospitals. By definition, the use of the term *affiliated* is condescending. The stem "*filia*" is son and "*af*" is to, thus describing the relationship a "son to the father."

Most associated hospitals are developing full-time staff with teaching, administrative and clinical assignments. Because of the sensitivity to role there is a clearcut definition and description of the position of full-time physicians which helps to prevent conflict. Lack of this definition in university settings is an important factor and is responsible for a legion of problems, present and future.

Another interesting characteristic is that these teacher-administrator-practitioners are paid at a level close to practice-level incomes. This removes one of the major human problems found in the university setting, the fact that payment for teaching services is generally very much less than income from patient care. It would be naive to

ignore this discontent. At Rockford we are establishing a different formula. A physician who is half time in teaching and half time in practice will be paid for his teaching duties at the equivalent full time rank (if an associate professor were at \$33,000 annually, for example, he would receive \$16,500) and at the average annual income of a practitioner in the area (if a pediatrician averaged \$40,000 annually he would receive \$20,000). Thus his total salary would be \$36,500 with his compensation for patient care at the ambient area rate. The same basic recompense is paid for the same work regardless of the fact that different individuals may be involved and are being paid or are earning from different sources.

It also is important to stimulate the development of practice plans and practice groups that will involve both full-time and other compensated voluntary faculty in close relationships. Voluntary faculty must have an opportunity to advise on and approve the budget of faculty medical plans. Dispositions of these moneys should be planned a year in advance and be approved by the total faculty organization. The budget committee should comprise both full-time and compensated volunteer faculty. And as with decisions regarding budget, this same faculty should be involved in decision making at every level, in every function.

In increasing numbers university medical schools are establishing executive committees within departments similar to executive groups that advise and direct the Dean. These departmental committees, comprising all types of faculty, give group representation to all. Membership, elected by the group, should be kept functionally small but based on the size of departments.

It is important that some of the old and irritating shibboleths be removed. Deletion of the "clinical" qualifier in designation of voluntary and compensated faculty would go far toward solving problems of both pride and patronization. This simple use of no prefix would work as would adding a qualifier to every appointment. Unfortunately the honor that the qualifier was originally designed to convey no longer exists.

Full-time faculty must become involved as real consultants on a continuing basis for patient care situations. At the same time compensated and voluntary faculty members must be involved in the care of unassigned or no doctor patients. In this way every one has a common role and everyone a common involvement.

Ambulatory care complexes need to be developed in such a manner that the two faculty groups can coexist in the delivery of care. This should include involvement of voluntary faculty in medical plans when they are willing to contribute to the fee structure. The reverse (inclusion of full-time faculty in private patient care) is a necessary accompaniment to any workable program.

Real organizational and planning responsibility for student teaching must be assigned to voluntary faculty. At Rockford a group of practicing physicians, never involved

in the teaching of medical students, is planning the curriculum. With some assistance from those with experience they have developed goals and objectives and some new methodologies. Indeed, the program is designed to interest the students in becoming "people doctors" dedicated to patient care.

Voluntary faculty members must be paid for teaching above their basic contribution in return for faculty appointment and patient care privileges. At what effort level this compensation starts should be decided by the entire faculty. The most valuable commodity today's physician has is time and he should not be expected to, nor should he, give time beyond what is a direct repayment for privilege and appointment. This reinforces the need to have voluntary faculty intimately involved in decision making.

There must be empathetic division and intelligent recombination of the patient care, teaching, administrative and planning functions between what we now regard as separate faculty segments. We face the loss of a major source of competent teachers at a time when the teaching load is rapidly rising. It also is apparent that when these faculty members leave the university setting they will no longer have access to its education programs nor will the university benefit from their considerable support. With the loss of this faculty, students will miss one of the most important of teacher models, the practicing physician both as scientist and teacher. The university hospital and its faculty must learn to relate to the non-university teaching center. It is imperative that all medical schools utilize all of our resources including hospitals' voluntary physicians and compensated practicing physicians. The university hospital which does not relate to the community is moribund. A direct and continuing relationship with the community's physicians as they teach and learn alongside their students and with their full-time colleagues offers endless possibilities for understanding and change. As this relationship advances and spreads the figures noted earlier hopefully will change to 30,000 full-time, 30,000 part-time and less than 20,000 voluntary.

In summary we need to accomplish the following if we are to accomplish the turning of the present course of medical education.

1. Change our thought to understand that community teaching hospitals are associates, not unwanted children.
2. Provide clear and functional job descriptions for the full-time and other compensated teacher-administrator-practitioners.
3. Relate income to task, whether practice, teaching or research and whether performed by full-time, compensated or voluntary faculty.
4. Develop practice groups and plans and teaching programs which involve interdigitation of full-time and compensated faculty in empathetic and mutually productive roles.
5. Give *all* contributing physicians voice in budget

preparation concerning practice incomes and give the faculty budget approval review authority on a broad basis.

6. Give the non-full-time faculty significant voice in policy and operational decisions, through which such mechanisms as executive committees at department levels that are truly representative.
7. Remove qualifiers from teaching appointments—or, conversely, add designators to *all* titles; either removes the present irritating and unintentionally demeaning system of faculty appointment.
8. Remove admission restriction and *de facto* policies which restrict assignment of non-referred patients and/or channel consultations and referrals for reasons other than professional competence.
9. Provide care complexes for ambulatory patients which will involve *all* faculty—salaried and voluntary.
10. See that voluntary faculty *receive and accept* real responsibility in curriculum planning, the setting of goals and objectives and the development of new methodologies of teaching.
11. Assure that voluntary and compensated faculty are involved in representing the medical college as it reaches outward, both to its alumni and to its community of care.
12. Realize that non-full-time faculty must be compensated for teaching and other duties over and above a basic time load identified as return for appointment and privilege, and decided upon by the faculty organization.
13. Confirm the vital role model which the practicing physician provides for the student of medicine.
14. Be certain that we really understand the capabilities, problems and strengths of our area hospitals and keep communication lines with them wide open—as an active policy—occasionally difficult.
15. Make real and vital efforts to contain our costs by utilizing all of the competent personnel and institutions available to us.

Where have all the teachers gone? I bow to Dr. Alpers. They are hiding. They are hurt, frequently angry and worried that there is no place for them in the current developing schemes of medical care and medical education. It is up to the Deans, Administrators and Department Heads to see that voluntary faculty is included in decision making policies. A strong medical college must be based on four factors: teaching, research, care and community responsibility. It cannot accomplish these without involving the community physicians who are and will continue to be the major providers of patient care and teaching. Conversely community and practicing faculty must identify the change in their lifestyle which allows the proper priority to teaching involvement and faculty leadership and be willing to make that change when the responsibility is shared with them.

profile



Dr. Davis

In the last seven years, J. Wallace Davis has signed his name over 24,000 times thanking alumni and friends of Jefferson for their contributions to the Annual Giving Fund. These "thank yous" represent nearly four million dollars. This success is due in large part to Dr. Davis's active leadership as Chairman of Annual Giving. At least once a week he stops by the Alumni Office to sign letters and check on progress—and bolster the spirits of the staff with a cheerful word and a funny, if occasionally risqué, story.

During Dr. Davis's internship at Jefferson following his graduation in 1942, his father, Dr. Warren B. Davis '10, was President of the Alumni Association. Despite this first-hand knowledge of the trials of intimate involvement with the alumni, Dr. Davis decided that the rewards far outweighed the drawbacks. A member of the Executive Committee since 1946, he served as Secretary of the Association and Co-Chairman of the alumni phase of Jefferson's

building fund before becoming Chairman of the Annual Giving Program in 1964.

Professionally Dr. Davis has followed in his father's footsteps as well. A noted plastic surgeon specializing in the harelip and cleft palate, the elder Davis was Clinical Professor of Plastic and Reconstructive Surgery at Jefferson. After World War II, Dr. J. Wallace Davis returned to Jefferson as a resident in plastic surgery. He had also considered neurosurgery and obstetrics but finally decided to join his father in practice. Today he is a Clinical Assistant Professor of Surgery at Jefferson and has taken over his father's office on Eighteenth Street where he practices with Dr. John J. Duncan '37.

Designed by Dr. Warren Davis, the office is in the oldest high-rise building on Rittenhouse Square. Furnished with comfortable chairs and a massive table laden with magazines, the waiting room looks more like a library browsing room than a doctor's office. This comfort-

able atmosphere is reflected in Dr. Davis's private office where he sits at an enormous desk with books and treasures close at hand. On the walls are paintings by his aunt, Eva Springer. Dr. Davis likes to keep the things he is fond of nearby, but he also realizes the role such mementos play in creating a mood in the office. "We try very hard to maintain a less clinical atmosphere," he explains. "Initial consultations are essential in plastic surgery and new patients are apt to be nervous, anxious to know what can be done but unwilling to appear vain or foolish."

A plastic surgeon spends a great deal of time getting to know his patients, discovering the motivation behind the request for surgery. Often people blame a single facial feature for problems which are deeply rooted in their personality. Such a person is not a suitable candidate for surgery since he is depending upon the procedure to resolve an unrelated situation. If the surgery were performed, the patient would probably substitute

another superficial fault on which to blame his deficiency. Many of the patients who are refused are grateful, Dr. Davis feels, because they did not really want the surgery but felt it was something they ought to explore. Frequently patients who have decided on surgery escape from the hospital the night before. "They begin wondering what they are doing there. After all they're healthy and they begin to think 'Why should I deliberately inflict pain on myself?'" Dr. Davis explains. "They often turn up a week or two later wanting the surgery after all. I never scold them. I just tell them it's important to think things through thoroughly, to reinforce the decision. The ones who disappear entirely probably shouldn't have considered surgery."

The decision to undergo plastic surgery is a complex one. "The successful candidate must make the decision on his own without pressure from parents or spouse," Dr. Davis feels. "It also should be something that he has wanted for some time." Once the decision has been reached, the patient must be carefully prepared. Dr. Davis tries to tell him how he will look, what to expect, warning him about what the surgery cannot do. "For instance, with a face lift, we can erase superficial lines but we cannot change skin texture," he explains. After surgery most patients experience a period of elation which is followed by a siege of doubting: Did I do the right thing? Will I be accepted? With proper counseling from the surgeon, patients overcome their fears and adjust to their new appearance. Thus, psychiatric training is essential to the plastic surgeon in all phases of a patient's treatment: assessment, preparation and recovery.

Plastic surgery is becoming more widely accepted by the public but unfortunately the publicity has tended to emphasize only its dramatic aspect, miraculous transformation or catastrophe. The public relations division of the American Society of Plastic and Reconstruction Surgery is trying to enlist surgeons to talk to the news media and provide accurate

information. Dr. Davis has been interviewed many times in Philadelphia and throughout the country but he is somewhat discouraged. "The press seems to be worrying it to death," he complains. "Even though we are trying to educate the public, people reading or listening to the discussions become scared off or are led to expect too much." Very little is ever said about the other phase of plastic surgery—reconstructive surgery. Esthetic surgery grew out of the early attempt to correct birth defects and rebuild injured tissue and bone structure. In fact, the real impetus for developing skills has been war. "When my father started practicing before the first World War, he was one of about ten plastic surgeons in the country," Dr. Davis explains. "But each war has wrought more destruction and techniques have had to be found to repair it."

In addition to educating the public to the potential of plastic surgery, Dr. Davis tries to interest medical students in the field. Since plastic surgery training follows a general surgery residency, there is little he can do on an undergraduate level beyond attempting to stimulate a general appreciation of the rewards and challenges. "In teaching I concentrate on what they need right now," he explains. "I try to show them how to make a better scar and stress careful accurate work which will benefit them generally and particularly if they work in an accident ward." Dr. Davis feels strongly that students should be allowed to do all they are able to under supervision. With a gradual increase in demands, students can master more and more procedures.

The phase of teaching Dr. Davis has enjoyed most is an elective which has been offered by Jefferson and Hahnemann. Students spend six weeks with him at his office in addition to assisting at the hospital. This training is especially valuable to students, Dr. Davis believes, because they have a longer exposure to individual patients. Instead of meeting a patient for the first time when he is admitted to the hospital with a

diagnosis and forgetting him after he is discharged, the student observes all aspects of the treatment. He is present during initial consultations and can observe the way the physician approaches a patient. After the operation, the student is still on hand, noting what problems arise and how they are solved. In general Dr. Davis has found that patients are proud to have their cases observed by students. "I've never had a patient who resented the presence of a student," he asserts. "Most of them appreciate the interest of a trainee. They probably also subscribe to the theory that two heads are better than one."

As a teacher and as a physician, Dr. Davis is concerned about the seemingly interminable length of time it takes to become a doctor. The solution lies, he feels, in accelerated programs which combine college and medical school. "When I was at Dartmouth, I did my first year of medical school in my senior year," he explains. "At that time Dartmouth had a two-year medical program so I stayed on for another year after graduation and then transferred to Jeff for the final two years. I did the whole thing in seven years instead of eight. In comparison to Jeff's five-year program with Penn State, that's not much but it was pretty dramatic in 1940." Another advantage to the Dartmouth program was that it was small, about eighteen students, Dr. Davis recalls. "Obviously we got a lot of individual attention," he says. "Most of the faculty were excellent clinicians which gave us a good perspective on preclinical studies."

Still Dr. Davis's primary loyalty is to Jefferson. Although he has quarreled with certain decisions, he feels the school is progressing and finds the innovations "timely and exciting." Of crucial importance, Dr. Davis believes, is the strength of the Alumni Association. Through such a group the alumni can keep abreast of developments and have a forum for expressing their views. Alumni support, ideological and financial, is essential for the institution to grow and prosper.

the jefferson scene

Jefferson has begun construction of a radiation treatment center which will serve as an information base for hospitals throughout the country. The facility will be the headquarters of a data collection and analysis program administered by the Radiation Therapy Oncology Group. A massive storage bank of information culled from clinical facts on cancer patients contributed by member hospitals will make possible a consultation service through which a hospital may request advice on the treatment of patients.

The center will be the site of extensive research into the effects of radiation and oxygen on tumor growth and cancer cell metabolism. A hyperbaric chamber will be used to increase oxygen levels and pursue the theory that radiation can be a more effective treatment when oxygen is allowed to penetrate cancerous cells. The center's equipment will include a 45-million-volt betatron and a 4-million-volt linear accelerator which will afford deeper penetration of high-energy x-rays and electrons while minimizing skin irritation.

Dr. Simon Kramer, Professor of Radiation Therapy and Nuclear Medicine and Chairman of the Department, will direct the center which has been funded by a \$2.5 million grant from the National

Institutes of Health. Completion of the underground facility is scheduled for February 1973.

new on the board

William W. Bodine, Jr., Chairman of the Board of Trustees, has announced the appointment of William C. Lickle to the Board. Mr. Lickle is Director-Treasurer of the Wilmington Medical Center which joined Jefferson and the University of Delaware in forming a cooperative program in 1970. A graduate of the University of Virginia and its law school, Mr. Lickle is Chairman of the Board of Laird, Bissell and Meeds, Inc. Active in both professional and civic affairs, Mr. Lickle is Founder and Director of the Better Business Bureau of Delaware, Director of the Boy's Club of Wilmington and Director of the Easter Seal Society for Crippled Children and Adults of Delaware, Inc.

nursing program

Next fall the College of Allied Health Sciences will offer a new baccalaureate program in nursing, the third nursing curriculum available at the University. A diploma and a practical nurse program also are offered. Dr. Charlotte E. Voss will head the new program which is designed to prepare men and women to become effective professional nurses with the background necessary to be responsible, self-directed individuals.

After two academic years in the arts and sciences, the students will take additional biological and physical science courses concurrently with those in nursing. The nursing major will consist of courses in fundamentals of nursing, medical-surgical and maternal child health

nursing, and nursing in mental illness and community health. Students will be able to apply their knowledge by caring for patients in hospitals and other health agencies under faculty supervision. Emphasis will be placed on the importance of the nurse's role in the maintenance of good health as well as in the care of the sick.

Graduates of the new program will be prepared to continue their training with graduate study in administrative or teaching roles or to work in a specialized area of patient care, become a clinical nursing specialist or research new techniques and approaches to nursing.

alumnus appointed

Dr. Frank J. Sweeney, Jr., '51, has been appointed Vice-President for Health Services at Jefferson, a position created to improve coordination of health services and to develop effective models of complete health care. A specialist in infectious diseases, Dr. Sweeney has served as Director of Thomas Jefferson University Hospital since September 1967 and has been a member of the Jefferson faculty since 1958. Currently an Associate Professor of Medicine, he received a Lindback Award for distinguished teaching in 1963. In his new position, Dr. Sweeney will be responsible for broad supervision of Thomas Jefferson University Hospital which will continue to be administered by a Director (to be appointed) and of the satellite hospitals. He will initiate plans for improved coordination of patient care policies and programs between the University and affiliated clinical institutions and develop community health services. More specific responsibilities within Jefferson include detailed planning of the Clinical Teaching Facility and reorganization of the Curtis Clinic into offices for faculty and medical staff.

leukemia research

New progress in the fight against leukemia has been announced by Dr. E. Frederick Wheelock, Professor of Microbiology, who has suppressed the disease in mice. A single injection of statolon, a plant virus which is derived from a penicillin mold, into leukemic mice allows the animals to live out a normal lifespan. The virus sets up a mechanism whereby the protein interferon apparently suppresses the infection long enough for the animal to build up antibodies on its own. Although leukemia in mice is rapidly fatal, the infection is completely suppressed in about sixty percent of the statolon-injected mice which remain clinically normal for most of their lives. Often the leukemia virus reemerges towards the end of the lifespan but in some cases it never returns. Dr. Wheelock believes that the mice carry the disease all their lives but that the antibodies, produced as a result of the serum virus, cause a life-long repression.

Although statolon cannot be used to treat human leukemia at the present time, Dr. Wheelock believes his findings could be closely allied to the disease in man. Dr. Wheelock began his work at the University Medical Center in Cleveland and has received a three-year grant from the National Institutes of Health to continue his research at Jefferson. Assisting him is Dr. Steven T. Toy, Assistant Professor of Microbiology.

acp meeting

The Eastern Pennsylvania Regional Meeting of the American College of Physicians was held at Jefferson on November 5 and 6. Two hundred internists and general practitioners attended the conference which was

coordinated by Dr. Frank J. Sweeney '51, Governor of the College for Eastern Pennsylvania and Director of Thomas Jefferson University Hospital. Among the participants was Dr. Willard A. Krehl, Professor of Community Health and Preventive Medicine and Chairman of the Department, who moderated a panel discussion of the economics of comprehensive health care delivery. Dr. William A. Sodeman, President-elect of the American College of Physicians and Emeritus Dean and Emeritus Professor of Medicine at Jefferson, was the official representative of the Philadelphia-based organization.

rehfuss lecture

Dr. John H. Knowles, who has been described as a "foremost challenger of the status quo in medicine," delivered the Rehfuß Lecture on November 29. Preceding Dr. Knowles's talk, Dr. John H. Hodges '39, Ludwig A. Kind Professor of Medicine, outlined the career of Dr. Martin E. Rehfuß, a member of the Jefferson faculty for thirty-eight years and inventor of the Rehfuß Gastric Tube. Dr. Robert I. Wise, Magee Professor of Medicine and Chairman of the Department, introduced the speaker who graduated from Harvard in 1947 and received his medical degree from Washington University in St. Louis. Dr. Knowles is currently a Professor of Medicine at Harvard and General Director of Massachusetts General Hospital. In July he will become President of the Rockefeller Foundation.

In his speech, "The Beneficent State and Voluntarism," Dr. Knowles focused on the inevitable tension between the ideals of freedom and of equality. Assurance of equality for one may impinge upon the freedom of another. Of crucial importance

today is the conflict between the "beneficent state" and the private, self-determined sector supported by philanthropy. After documenting the history of both aspects of the dichotomy, Dr. Knowles concluded that there need be no such antagonism. Those who are committed as he is to the principle of voluntarism must work to complement the governmental efforts. It will not be possible to eliminate the state's role, but the private sphere must not be overwhelmed.

The Rehfuß Lectureship is endowed by the Percival E. and Ethel Brown Foerderer Foundation. The speaker is selected by a faculty committee and may speak on any subject within the realm of medicine.

symposia

Faculty and alumni participated in several continuing education programs at Jefferson in the fall. A Hand Symposium was held in McClellan Hall on November 10, 11, and 12. Organized by Dr. James M. Hunter '53, Assistant Professor of Orthopedic Surgery and Chief of the Hand Service, the program focused on traumatic hand problems in the early reconstructive phase. Among the injury phase and the later visiting faculty members was Dr. Raoul Tubiana, Professor of Orthopedic Surgery at the University of Paris, Chief of the Hand and Burn Service at the Hopital Cochin in Paris and Secrétaire General de la Groupe d'Etude de la Main, who moderated the session on problem injuries and spoke on "The Extension of the Fingers and Mobility of the Thumb," "Principles of Wound Care," "Extensor Tendon Injury" and "Restoration of Prehension Following Severe Mutilations of the Hand." Dr. John J. Gartland '44S, James Edwards Professor of Orthopedic Surgery and

Chairman of the Department, moderated the session on bone and joint injury during which Dr. Jerome Cotler '52, Clinical Assistant Professor of Orthopedic Surgery, spoke on "Forearm Fractures" and Dr. Lawrence H. Schneider, Instructor in Orthopedic Surgery, discussed "Fracture of Metacarpals." During the program on tendon injuries which Dr. Hunter moderated, Dr. James C. Erickson, Professor of Anesthesiology, spoke on "Regional Anesthesia in Hand Surgery." Among the other participants were Dr. J. Curtis Lamp '44J, Chief of the Plastic Surgery Service at Bryn Mawr Hospital and Dr. Gerald J. Herbison, Associate Professor of Rehabilitation Medicine, who discussed "Functional Intrinsic Anatomy of the Hand." Approximately three hundred attended the seminar which concluded with Grand Rounds on the Hand and Upper Extremity Service of the Valley Forge Hospital.

Later in November Dr. Leopold Koss, Professor of Pathology, and Dr. Misao Takeda, Assistant Professor of Pathology and Director of Cytology, organized a program on "Gynecologic Cytology with Histologic Correlations." Through discussions and workshops, participants reviewed in detail the cytology and histology of precancerous lesions, cancer of the uterine cervix and endometrium, and hormonal cytology. Among those who served as faculty members were Dr. Gonzalo E. Aponte '52, Professor of Pathology and Chairman of the Department, Dr. Warren R. Lang '43, Professor of Obstetrics and Gynecology and Assistant Professor of Pathology, who discussed "Microinvasive and Invasive Carcinoma of the Cervix," and Dr. Abraham E. Rakoff '37, Professor of Obstetrics and Gynecology and Professor of Medicine, who presented "The Endocrinopathies and Their

Cytologic Evaluation." Sixty-six physicians and cytotechnologists attended the two-day session.

Jefferson Faculty and alumni also participated in a symposium on Early Diagnosis and Management of Ovarian Carcinoma which was held at Mercy Catholic Medical Center on October 22. Dr. J. Edward Lynch '25, Professor of Obstetrics and Gynecology, and Dr. George A. Hahn, Professor of Obstetrics and Gynecology, served as Program Chairmen. Serving on the seminar's faculty were Dr. Roy G. Holly, Professor of Obstetrics and Gynecology and Chairman of the Department, Dr. John H. Killough, Associate Dean and Director of Continuing Education, Dr. Warren R. Lang '43, Professor of Obstetrics and Gynecology and Assistant Professor of Pathology, and Dr. C. Jules Rominger '48, Professor of Radiology. Over one hundred twenty attended the program at Mercy Catholic.

orthopedic meeting

The twelfth annual meeting of the Jefferson Orthopedic Society was held on November 4 and 5. Dr. James P. Marvel '62, served as Program Chairman. The first session, a seminar on rheumatoid arthritis, was opened by Dr. John L. Abruzzo, Associate Professor of Medicine, who discussed "The Nature of the Disease." Participants in the second session included Doctors Philip J. Marone '57, Clinical Associate Professor of Orthopedic Surgery and President of the Society, Hal E. Snedden '50, Clinical Assistant Professor of Orthopedic Surgery, Jerome M. Cotler '52, Clinical Assistant Professor of Orthopedic Surgery, Carl R. Steindel '66, and Lawrence H. Schneider, Instructor in Orthopedic Surgery. A highlight of the

program was a film presentation of "The Emergency Treatment of the Injured Hand" which was produced at Jefferson by Dr. James M. Hunter '53, Assistant Professor of Orthopedic Surgery, under a grant from Smith Kline and French. That afternoon Dr. Nicholas Giannestras, Chief of Orthopedics at Good Samaritan Hospital in Cincinnati, delivered the first annual Anthony F. DePalma Oration. His topic was "Treatment of the Rheumatoid Foot." Other speakers included Doctors Victor Mayer '38, John J. Gartland '44S, James Edwards, Professor of Orthopedic Surgery and Chairman of the Department, Joseph C. Flynn '51, Frederic T. Hufnagle '61, and James P. Marvel '62. Approximately a hundred physicians attended the meetings which concluded with a business meeting and annual banquet. Officers elected for the coming year are Dr. Charles Silberstein, President, Dr. Hal E. Snedden, Vice-President, and Dr. James P. Marvel, Secretary-Treasurer. The award for the most outstanding talk by a resident was given to Dr. Sterla T. Canale of Jefferson.

concert

The Little Orchestra Society of Philadelphia joined the Thomas Jefferson University Choir in presenting Faure's *Requiem* and Beethoven's *Eroica* in McClellan Hall on November 12. Preceding the concert was a dinner given by the Faculty Wives Club which sponsors the event. Mrs. Jacob J. Kirshner is President of the Club; Mrs. Benjamin Haskell and Mrs. Charles W. Wirts served as co-chairmen of the committee which organized the event. Founded in 1964, the orchestra provides a reading ensemble for musicians of professional ability including advanced students, teachers, and active and retired symphony members. Robert Sataloff '75, is Director of the Choir.

faculty notes

administration

Dr. William A. Sodeman, Emeritus Dean and Emeritus Professor of Medicine, received the Distinguished Alumni Award of the Medical Center Alumni Society of the University of Michigan at their Reunion Meeting in September. Dr. Sodeman spoke on "Health Manpower: Production in the 1970s" at the meeting.

anesthesiology

Dr. James C. Erickson, Professor of Anesthesiology, delivered "Iatrogenic Complications" at the XV Mexican Congress of Anesthesiologists which was held in Mexico City in November. He and Dr. Jay J. Jacoby, Professor of Anesthesiology and Chairman of the Department, were co-authors of the paper.

Dr. Arthur B. Tarrow, Professor of Anesthesiology, spoke on "The Present Status of Plasma Volume Expanders" at the University of Alabama Medical Center in December.

biochemistry

Dr. Paul H. Maurer, Professor of Biochemistry and Chairman of the Department, and Dr. Carmen F. Merryman, Assistant Professor of Biochemistry, attended the First International Congress of Immunology in Washington and participated in the Symposium on Genetic Control of Immune Responsiveness. Dr. Maurer spoke on the "Genetic Control of Responsiveness in Mice Against Synthetic Polymers Containing Glutamic Acid, Alanine and Tyrosine." Dr. Maurer was Chairman of the Workshop on Structural Requirements for Immunogenicity. During the Workshop on Genetic Control of the Immune Response, Dr. Merryman presented "Genetic Control of Immune Responsiveness to a Glutamic Acid, Lysine, Phenyl Alanine Copolymer in Mice." In September Dr. Maurer and Dr. Merryman presented "Genetic Control of Immune Response to Synthetic Polypeptides in Mice" at the Fourth International Congress of Human Genetics in Paris. Dr. Maurer also participated in an Immunochemistry Course at Iowa State University where he delivered several lectures on the nature of determinants in synthetic antigens.

dermatology

Dr. John F. Wilson, Associate Professor of Dermatology, has been elected President of the Pennsylvania Academy of Dermatology.

medicine

Dr. Robert I. Wise, Magee Professor of Medicine and Chairman of the Department, delivered the Ninth Annual Gready Reddick Memorial Lecture to the Dallas County Medical Society and Academy of Internal Medicine on October 12.

Dr. F. William Sunderman, Honorary Clinical Professor of Medicine, is the Editor of *Annals of Clinical Laboratory Science*, a new journal published by the Institute for Clinical Science, Inc., for the Association of Clinical Scientists. Dr. Louis A. Kazal, Associate Professor of Medicine and Associate Director of the Cardeza Foundation, is a member of the editorial board. Dr. Sunderman is Professor of Pathology and Co-Chairman of the Department of Laboratory Medicine at Hahnemann Medical College.

Dr. Allan J. Erslev, Cardeza Research Professor of Medicine and Director of the Cardeza Foundation, spoke on the "Effect of Oxygen Carrying Capacity, Anemia and Polycythemia" at the Eastern Pennsylvania Regional Meeting of the American College of Physicians which was held at Jefferson in November. On October 13 he presented "The Renal Erythropoietic Inhibitor" at the International Conference on Erythropoiesis in Capri, Italy.

Dr. Louis A. Kazal, Associate Professor of Medicine and Associate Director of the Cardeza Foundation, spoke on "Inhibition of Erythropoietin by Lipid Extracts of Kidney and Other Tissues" at the meetings of the Association of Clinical Scientists, Applied Seminar on the Clinical Pathology of Lipids which was held in Washington in November.

neurology

Dr. Nathan S. Schlezinger, Clinical Professor of Neurology, presented "Ocular Myasthenia Gravis" at the Third Pan American Congress of Neurology in San Paulo, Brazil on October 12. On October 15 he discussed "Cerebral Aneurysm" at the Faculty of Medicine of Campos. Later in the month he spoke on "Clinical Neuro-Ophthalmology" at the University Hospital in Cali, Colombia.

obstetrics and gynecology

Dr. Roy G. Holly, Professor of Obstetrics and Gynecology and Chairman of the Department, participated in Grand Rounds and a Resident's Conference at the University of Cincinnati where he presented "Anemia in Pregnancy" and "Abruptio Placenta". He also spoke on "Maternal Nutri-

tion" at the Cincinnati Obstetrical and Gynecological Society. In October he was a member of a panel on "Graduate Education and Residency Training" at the Annual District III Meeting of the American College of Obstetricians and Gynecologists which was held in Wilmington, Delaware.

Dr. George A. Hahn, Professor of Obstetrics and Gynecology, served aboard the hospital ship *S.S. Hope* in the West Indies during August.

Dr. Martin B. Wingate, Professor of Obstetrics and Gynecology, presented "Monitoring of the Fetal Heart by Ultrasound" at the International Conference on Monitoring the Fetal Heart which was held in Newark, New Jersey in December. He also presented a paper on "Cord Involvement Bradycardia" at the District III Meeting of the American College of Obstetricians and Gynecologists.

ophthalmology

Dr. Thomas D. Duane, Professor of Ophthalmology and Chairman of the Department, gave a course on Diabetic Retinopathy at the meeting of the American Association of Ophthalmology and Otolaryngology in Las Vegas, Nevada in September. At the same meeting Dr. Thomas Behrendt, Associate Professor of Ophthalmology, presented "Rationale of Laser Photocoagulation."

otolaryngology

Dr. James R. Leonard, Professor of Otolaryngology and Chairman of the Department, participated in a panel discussion of "Useful Flaps and Grafts in Otolaryngologic Surgery" at the American College of Surgeons meeting in Atlantic City in October.

Dr. James W. Schweiger, Professor of Otolaryngology, has been elected to a three-year term on the Board of Directors of the American Academy of Maxillofacial Prosthetics.

pathology

Dr. Leopold Koss, Professor of Pathology, Dr. William V. Harrer, Assistant Professor of Pathology, Dr. Warren R. Lang, Assistant Professor of Pathology, and Dr. Misao Takeda, Assistant Professor of Pathology, participated in the Nineteenth Annual Scientific Meeting of the American Society of Cytology which was held in Washington in November. Dr. Koss presented "Cytology of Liver Aspirates" and Dr. Harrer spoke on "Touch Preparations from Colon Tumors." Dr. Takeda and Dr. Harrer organized the Workshop on Cytology of the Stomach and Gas-

trointestinal Tract. Dr. Lang moderated a round table luncheon on "The Cell in Cytology" and was Chairman of a Scientific Session.

Dr. Leonard Reisman, Associate Professor of Pathology, spoke on "The Effect of Diagnostic Radio-Isotopes on Chromosomes" at the meeting of the American Society of Clinical Pathologists in Boston in October.

Dr. Seymour M. Sabesin, Associate Professor of Pathology, has been awarded first prize in the William H. Rorer, Inc., Contest sponsored by the American College of Gastroenterology for his paper on the "Effects of Hydrocortisone on Murine Hepatitis Virus Replication and Cell Injury in Cultured Liver Cells and Macrophages." Dr. Sabesin also received the award in 1970 and is the first physician to win twice.

Dr. Willis S. Hoch, Assistant Professor of Pathology, and Dr. Arthur Patchefsky, Assistant Professor of Pathology, presented a seminar on selected diagnostic problems in surgical pathology to the pathology staffs on Sinai Hospital of Baltimore, Johns Hopkins Hospital and the University of Maryland School of Medicine in September. Dr. Hoch also presented a workshop on "Platelet Enumeration and Discussion of Platelet Diseases" at the meeting of the American Society of Clinical Pathologists.

pediatrics

Dr. Irving J. Olshin, Professor of Pediatrics, gave the Harold Rubin Memorial Lecture at the Nassau County Medical Center in East Meadow, New York on November 11. His topic was "The Art of Clinical Diagnosis." At a Medical Symposium for General Practitioners he spoke on "The Evaluation of Growth Problems in Children."

Dr. Gerald M. Fendrick, Assistant Professor of Pediatrics, spoke on "A Reasonable Program for Immunizations in 1971" at a Medical Symposium at the Meeting of General Practitioners which was held in Philadelphia in November.

pharmacology

Dr. Julius M. Coon, Professor of Pharmacology and Chairman of the Department, chaired the scientific session on Toxicology at the meeting of the American Society for Pharmacology and Experimental Therapeutics in Burlington, Vermont recently.

Dr. Ronald W. Manthei, Professor of Pharmacology, spoke on "Disposition of 5-azacytidine in Cancer Patients" at the Conference on Chemotherapy of the National Cancer Institute in Annapolis, Maryland.

Dr. Robert Snyder, Associate Professor of Pharmacology, is spending a year's sabbatical at the Institute of

Toxicology at the University of Tübingen in Germany. He is continuing his studies on benzene metabolism and benzene toxicity.

Dr. Herbert Sprince, Associate Professor of Pharmacology, spoke on "Possible Role of Brain Amines and their Amino Acid Precursors in the Development of Alcohol Dependence" at the meeting of the American Academy of Clinical Toxicology in Philadelphia in October.

Dr. Wolfgang H. Vogel, Associate Professor of Pharmacology, was the invited tour lecturer of the American Chemical Society in October. He addressed section meetings in Ohio, Indiana and Michigan on "Is There a Chemical Basis of the Mind?"

physiology

Dr. M. H. F. Friedman, Professor of Physiology and Chairman of the Department, participated in the Third International Symposium on Gastrointestinal Motility in Stockholm in September. On September 16 he attended a conference at the University of Helsinki on the teaching of physiology to medical and dental students.

Dr. Eugene Aserinsky, Professor of Physiology, spent the last six months as Distinguished Investigator at the Cajal Institute of Neurological Sciences at the University of Madrid.

Dr. Chandra M. Banerjee, Associate Professor of Physiology, presented papers in Munich and Calcutta as a recipient of a National Science Council Travel Award. At the XIV International Congress of Physiological Sciences in Munich, he spoke on "Hyperpnea Following Acute Coronary Occlusion." He also addressed the Post-Graduate Medical School in Calcutta on "Physiological Alterations in Acute Myocardial Infarction."

Dr. Marion J. Siegman, Associate Professor of Physiology and recipient of a Travel Award from the National Science Council, presented "The Active-state of Smooth Muscle: Effects of Calcium and Potentializing Agents" at the XIV International Congress of Physiological Sciences and lectured on "Mechanical Properties of Smooth Muscle and Mechanism of Regulation of Tension Development During Contraction" at the Universities of Tübingen, Brussels and Amsterdam.

psychiatry

Dr. Zygmunt A. Piotrowski, Honorary Professor of Psychiatry, presented "A New, Perceptanalytic System of Dream Interpretation" at the Annual Meeting of the American Psychological Association in Washington in September.

Dr. Daniel Lieberman, Professor of Psychiatry, pre-

sented a paper on community health and mental health at the V World Congress of Psychiatry which was held in Mexico City in December.

Dr. Eli Marcovitz, Clinical Professor of Psychiatry, chaired the Workshop on Aggression in Relation to Addiction at the Congress of the International Psychoanalytical Association in Vienna in July.

rehabilitation medicine

Dr. John F. Ditunno, Jr., Professor of Rehabilitation Medicine and Chairman of the Department, has been elected Program Chairman of the American Congress of Rehabilitation Medicine for 1972 which will be held in Denver, Colorado. Dr. Ditunno was a member of the program committee for this year's meeting which was held in San Juan, Puerto Rico. During the meeting Dr. Gerald J. Herbison, Associate Professor of Rehabilitation Medicine, presented four papers: "Muscle Biochemistry and the Physiologic Effect of Exercises," "The Effect of Exercise on Muscle Reinnervation," "The Effect of Electrical Stimulation on Muscle during Denervation" and "The 'H' Reflex in Patients with Parkinson's Disease Treated with L-Dopa." Dr. William E. Staas, Jr. Assistant Professor of Rehabilitation Medicine, spoke on "Auto Amputation and Arteriosclerosis Obliterans."

surgery

Dr. Harry S. Goldsmith, Samuel D. Gross Professor of Surgery and Chairman of the Department, has been elected the third United States representative to the International Committee on Melanoma, an organization composed of twenty-five members from fifteen countries and sponsored by the World Health Organization. His election makes Jefferson a participating hospital. In November Dr. Goldsmith was a Visiting Professor at St. Vincent's Hospital in New York. He also was an invited guest at the Fourteenth Central-American Medical Congress where he delivered three lectures.

Dr. Louis F. Plzak, Jr., Professor of Surgery, presented "Inorganic Phosphate and the Oxy-Hemoglobin Dissociation Curve" and "Amelioration of Pulmonary Hypertension by Metabolic Alkalosis" to the Surgical Forum of the American College of Surgeons. He also spoke on "A Cardiac Transplant as a Left Ventricular Assist Device" at the American Academy of Pediatrics in October.

Dr. Jose Castillo, Assistant Professor of Surgery, was recently named the United States' representative to both the International Burn Society and the Latin American Association of Plastic Surgeons.

class notes

1916

Dr. Melchior M. Mszanowski, 502 E. 12th St., Erie, Pa., was recently honored at a dinner for staff and trustees of the Hamot Hospital where he has been a staff member for fifty-four years. He and Mrs. Mszanowski celebrated their golden wedding anniversary on September 26.

1917

Dr. William G. Flickinger, 7201 Fourth Ave., Brooklyn, N.Y., has just returned from a medical tour of the Orient which he describes as "time well spent."

1919

Dr. Gerald B. Smith, 397 N. 1st St., Woodburn, Ore., was honored by the community of Woodburn which declared November 21, 1971 "Doc Smith Day." During the forty-six years that Dr. Smith practiced in Woodburn, he served as Medical Director of the McLaren School for Boys and Health Officer for the City of Woodburn. In addition to his private practice, Dr. Smith owned and managed the Woodburn Hospital. He is a former surgeon with the Public Health Service and a past President of the Marion County Medical Society. Now retired, Dr. Smith is able to devote more time to his avocation, stamp collecting. A member of many philatelic organizations, Dr. Smith is an accredited international philatelist and stamp judge. In his collection he specializes in the three-cent 1851 stamp, the first three-cent stamp issued in this country. The focal point of "Doc Smith Day" was a reception attended by nearly seven hundred friends and relatives. The tribute was organized by the Woodburn Rotary Club of which Dr. Smith is a charter member and a past President. To commemorate the event Dr. Smith was presented with a scrapbook containing mementos of his career and congratulatory letters and telegrams from friends all over the country.

1920

Dr. Louis F. Burkley, Jr., 452 W. Berwick St., Easton, Pa., writes "I have retired after fifty-one years of ob/gyn with over 7,000 babies to my credit, including two sets of triplets, the first set in 1949 being the very first in the Lehigh

Valley Area. With no more phone calls from expectant mothers, my wife and I can enjoy life together for a change."

Dr. Martin J. Sokoloff, 255 S. 17th St., Philadelphia, received the 1971 Annual Service Award from the Tuberculosis and Respiratory Disease Association in appreciation of "a lifetime of exceptional service in the fight against tuberculosis." Dr. Sokoloff has served as Medical Director of White Haven Sanatorium, as Chief of Philadelphia's tuberculosis control section in the Department of Health and as Director of the Barton Memorial Division at Jefferson. In addition he is a past President of the Pennsylvania Thoracic Society, the Laennec Society of Philadelphia and the Pennsylvania Chapter of the American College of Chest Physicians. Currently he is an Honorary Clinical Professor of Medicine at Jefferson, an attending physician at Thomas Jefferson University Hospital and a consultant in chest diseases for the State Hospital in Norristown and for St. Mary Hospital in Philadelphia. **Dr. Peter A. Theodos '35**, Clinical Associate Professor of Medicine at Jefferson and Vice-President of the Tuberculosis and Respiratory Disease Association, presented the plaque to Dr. Sokoloff.

Dr. Simon L. Victor, 101 Gedney St.,

Nyack, N.Y., writes "I am still active, at my age, in my specialty, psychiatry, and trust that I may continue to be so. My good wishes to all my classmates, wherever they are."

1923

Dr. Charles R. Gennaria, 116 W. Sunbury St., Shamokin, Pa., retired on October 1 after forty-eight years as a general practitioner. In an interview published in the Shamokin *News-Item*, Dr. Gennaria admitted that he was reluctant to give up his practice because of the great need for doctors in the community. In addition to his practice, Dr. Gennaria served as district physician-surgeon for the Philadelphia and Reading Coal and Iron Company and as physician for the Shamokin School District. Dr. Gennaria served in the army in World War I and was a senior medical officer aboard an attack ship in the south Pacific during World War II. In recognition of his valiant service he received a special citation from the navy and the Distinguished Service Medal.

Dr. David Metheny, 2810 46th Ave. West, Seattle, Wash., participated in the twenty-fifth anniversary of the founding of the University of Washington Medical



Dr. Sokoloff (right) receives 1971 Annual Service Award of the Tuberculosis and Respiratory Disease Association from Dr. Peter A. Theodos '35, Vice-President of the Association. Another recipient, Earl Perloff, is in center.



Nearly one thousand surgeons and friends were on hand to hear the first John H. Gibbon, Jr. Lecture last fall at the meetings of the American College of Surgeons in Atlantic City. Dr. Michael E. DeBakey, the lecturer, spoke on "The Impact of the Development of the Heart Lung Machine on Medicine and its Potentialities." Dr. and Mrs. Gibbon (above) were in the audience.

School. He was a member of the Medical-Dental Committee which sponsored the legislation to start the school.

Dr. Theodore C. Zeller, 2519 Morlock Ave., McKeesport, Pa., retired in July 1969.

1924

Dr. Aaron Capper, 10501 Wilshire Blvd., Los Angeles, Calif., writes "Retired and happy. My dear wife and I enjoy the luxury of being near our sons, Stanley '51, and Robert '55, and our seven grandchildren."

Dr. Samuel G. Scott, 18 Culver Ave., Jersey City, N.J., writes "still alive and working—greetings!"

1925

Dr. Leslie L. Nunn, Rt. 1, Box 340, Ocean Park, Wash., writes "Looking forward to 1975 and our Fiftieth. Will make an attempt to drink Lintgen under the table. Greetings!"

1926

Dr. Herman M. Parris, 3600 Conshohocken Ave., Philadelphia, reports that his son, Ted, has been

accepted at Jefferson and will begin next September.

Dr. Arthur J. Redland, 1229 Jack Dr., Kerrville, Tex., reports that he is still practicing with the state of Texas.

1927

Dr. Truman N. Morris, 13 Medical Arts Sq., Austin, Tex., writes "Best Wishes to

all! Six grandsons, one granddaughter and one son-in-law in South Western Medical School in Dallas."

1928

Dr. Norman R. Benner, 516 Market St., Johnsonburg, Pa., was named "Man of the Year" by the Johnsonburg Chamber of Commerce at a dinner honoring his forty-two years of service to the community on October 10. During the festivities, Dr. Benner was treated to a local version of "This is Your Life" which included photographs and mementos of his childhood and school days. Among the many tributes from national, state and local officials was the presentation by Congressman Albert Johnson of a flag which has flown over the Capitol. Over two hundred seventy-five people were on hand to salute Dr. Benner who has served his community as a physician, as a fireman, and as an active member of many civic groups.

Dr. William M. Cason, 6566 Glenridge Dr., Atlanta, Ga., hopes to be able to come to the reunion in 1973, his 45th.

1930

Dr. David A. Boyd, Jr., 1140 Plummer Circle, Rochester, Minn., was recently honored at the dedication of a psychiatric library at the Mayo Clinic which will be known as the David A. Boyd Medical Library. After joining the Mayo Clinic in 1948, Dr. Boyd served as Consultant, Chairman of the Department and Senior Consultant in Psychiatry on the Clinic staff and as Professor of Psychiatry at the Mayo Graduate School of Medicine of the



Dr. Benner at dinner in his honor



Dr. Boyd in the library named in his honor at the Mayo Clinic

University of Minnesota. Upon his retirement he became an Emeritus Consultant. Dr. Boyd is a former Director, Secretary-Treasurer and Executive Secretary of the American Board of Psychiatry and Neurology. At the library dedication a colleague commented "It was only natural that we should name the library after Dave. He is a widely known and respected physician and a great lover of books." Dr. Boyd is married to the former Cathleen Singer who graduated from Jefferson's School of Nursing in 1931. Dr. Boyd, who serves as state Vice President for the Alumni Association, has a son, David, III, in the sophomore class at Jefferson.

1931

Dr. Reginald C. Edson, 963 Catalina Rd., St. Augustine Shores, Fla., reports that he and his wife retired to Florida in September and are now readying themselves for the onslaught of visiting grandchildren.

Dr. W. Royce Hodges, 122 S. Centre St., Cumberland, Md., recently represented Jefferson at the inauguration of King Virgil Cheek, Jr., as the ninth President of Morgan State College.

Dr. George J. Ravit, 139 Killington Ave., Rutland, Vt., reports that he is still in active practice of internal medicine and plans to continue for several more years.

1932

Dr. Park M. Horton, 215 Church St., New Milford, Pa., has been named President-elect of the Pennsylvania Medical Society. A general practitioner, Dr. Horton established his practice in New Milford in 1933. During World War II he served with the navy medical corps as a Lieutenant Commander. Dr. Horton has been active in many civic organizations and is currently a member of the Board of Education of the Blue Ridge School District. A member of the American Academy of Family Physicians, Dr. Horton is a past President and Secretary of the Susquehanna Medical Society and has served as a Trustee and Councilor of the Pennsylvania Medical Society. In April 1970 the New Milford Rotary Club sponsored a testimonial dinner honoring Dr. Horton. Over three hundred fifty people attended the tribute and hailed Dr. Horton as a "doctor, humanitarian, counselor, civic-minded citizen, civic leader, church leader and benefactor." Dr. and Mrs. Horton have two daughters and two granddaughters.

Dr. Carl S. Lytle, 1206 E. Silver Springs Blvd., Ocala, Fla., writes "The motivation given me by my teachers at Jefferson and the high standards of the staff at Jeff Hospital during my internship have served me well since I left Philadelphia. Among other things I am now a member of the American College of Physicians."

1933

Dr. Gilbert H. Alexander, 1218 S. Highland Ave., Pittsburgh, Pa., is the author of *The Heart and its Action* which was published by W. H. Green last year.

Dr. Murray Elkins, 101-01 159th Ave., Howard Beach, N.Y., is President-elect of the Medical Society of the County of Queens. He recently testified on national health insurance before the House Ways and Means Committee.

1935

Dr. Nathan Sussman, 805 N. 2nd St., Harrisburg, Pa., participated in the White House Conference on Aging. In November he presented a paper on the Rehabilitation Potential of the Aging at the Clinical Therapeutics Meeting of the Pennsylvania Medical Society.



Dr. Horton

1936

Dr. George L. Erdman, 50 Cedar St., Millburn, N.J., continues as Director of Laboratories at Overbrook Hospital in Summit. In addition he is Vice-President of the Medical Staff and President of the New Jersey Blood Banks Association. He teaches celestial navigation. His son **Robert '66**, is a radiologist in Nassawadu, Virginia.

Dr. Leonard W. Parkhurst, 2940 Brandemere Dr., Tallahassee, Fla., has

retired as Medical Director of the Benjamin Franklin Clinic which he helped to organize twenty-four years ago. Affiliated with Pennsylvania Hospital, the clinic was established as one of the first group practice centers for diagnostic surveys and periodic health examinations in the east. In addition to his work at the clinic, Dr. Parkhurst was Chief of Allergy at Pennsylvania and Delaware County Memorial Hospitals and practiced internal medicine. In August Dr. Parkhurst and his family moved to Tallahassee where he has opened an allergy practice.

1938

Dr. John M. Siegel, 4210 Park Newport, Newport Beach, Calif., is now associated with the Department of Dermatology of the University of California at Irvine. He also practices dermatology part-time with the Ross-Loos Medical Group in Long Beach.

1939

Dr. Wayne A. Geib, Box 1389, Rapid City, S.D., saw classmate **Cam Kurtz** in New York during the American Cancer Society Annual Meeting. In September he visited another classmate, **John Delehanty**, at his office in Hazleton, Pennsylvania. John has a son in the freshman class at Jeff this year.

1940

Dr. Roger B. Thomas, 8 Vining La., Wilmington, Del., reports that his son Roger, Jr., is specializing in internal medicine and his son Robert has just been admitted to the Delaware Bar Association.

1941

Dr. Arthur F. Hoffman, 3619 Harris Rd., Ft. Wayne, Ind., reports that his son Thomas is a senior pre-med student at St. Louis University and plans to apply to Jefferson.

1943

Dr. Samuel L. Cresson, 901 Waverly Rd., Bryn Mawr, Pa., writes "Had a second myocardial infarction in June but am now back working half time. It seems I can do a full day's work in that time by good organization. Our youngest daughter is a freshman at Denison University so Betty and I are now able to do a lot of things together that we always wanted to."

Dr. William R. O'Brien, 111 N. 49th St., Philadelphia, was installed as President of the Philadelphia Psychoanalytic Society in the fall. Dr. O'Brien is Chief of the Medical College of Pennsylvania Psychiatric Section as well as Clinical Associate Professor of Psychiatry and Neurology.

Dr. John K. Wilson, Box 394, Scottsville, Va., has been appointed Clinical Assistant Professor of Pediatrics at the University of Virginia Medical School. Dr. Wilson is working in an Office of Economic Opportunity poverty program sponsored by the University. He and his family recently returned to the states after three years in Korea where Dr. Wilson worked in a mission hospital.

1944J

Dr. Bernard L. Braveman, 515 Sinclair St., McKeesport, Pa., reports that he enjoyed the Russia trip and is looking forward to Portugal and Spain.

Dr. Samuel D. Kron, 2108 Spruce St., Philadelphia, has been elected President of the Philadelphia Medical Group, a multi-specialty group based at the Southern Division of the Albert Einstein Medical Center.

1944S

Dr. James W. Webster, 1275 N. University Ave., Suite #8, Provo, Utah, recently represented Jefferson at the inauguration of Dallin Harris Oaks as the eighth President of Brigham Young University.

Dr. Henry S. Wentz, 19 E. Main St., Strasburg, Pa., is one of two supervisors of the Southern Lancaster County Family Health Center which recently has opened in Quarryville. The center is being developed because of the acute shortage of family doctors in the area and is designed to show young doctors how a family practice is set up to serve a community. On the five-man staff is **Dr. Rogers D. McLane** '70, whose work there fulfills the family practice residency requirements at General Hospital in Lancaster.

1945

Dr. Stephen F. Balshi, 3354 Green Meadow Circle, Bethlehem, Pa., is practicing ENT in Bethlehem. His two older sons are in the service, one daughter is at New York University School of Music and the other is a pre-med major at Manhattanville

College. His two younger sons are still at home.

Dr. Joseph R. Blair, Colonel, MC US Army, Biomedical Laboratory, Edgewood Arsenal, Md., is now Director of the Biomedical Laboratory there.

Dr. Joseph S. Brown, Jr., Lewistown Hospital, Lewistown, Pa., served as Chairman of the 1971 Christmas Seal Campaign in Mifflin County. He is Director of Internal Medicine and Advisor to the Inhalation Therapy Department at Lewistown Hospital.

Dr. William T. Lineberry, Jr., Naval Hospital, Bremerton, Wash., returned from Vietnam in June and took command of the Naval Hospital in Bremerton in July. He reports that he and his family are wildly enthusiastic about life in the Pacific Northwest.

Dr. John J. Wydrzynski, 434 Doe Run La., Springfield, Pa., has moved his office from West Philadelphia to Clifton Heights. He and his family recently moved to Springfield.

1946

Dr. David G. Simons, PM&R Service (117), VA Hospital, Seattle, Wash., writes "My bride of six months, Ute, and I have moved to Seattle where I am taking a residency in PM&R at the University of Washington and she is taking a Masters in library science. I just received the Science Achievement Award from the National Rehabilitation Training Institute in Miami."

1947

Dr. John R. Bowen, Jr., 304 Springhouse La., Moorehouse, N.J., is County Physician for Burlington County and Medical Director of Burlington County Hospital for the Chronically Ill and Burlington County Hospital for the Mentally Ill.

Dr. Elmer H. Funk, Jr., 510 Millbrook Rd., Devon, Pa., received the J. Howard Reber Memorial Medal from the Delaware Valley Diabetes Association at its fund-raising/awards dinner on November 12. An enthusiastic and effective supporter of the Association for many years, Dr. Funk is Director of Scientific Communications Activities, Advanced Clinical Research for Merck, Sharpe & Dohme Research Laboratories. He is a member of the Delaware Valley Diabetes Association's Board of Governors and has served as Chairman of its Nominating Committee and as Co-Chairman of the Diabetes Detection Drive. A member of the Camp Firefly

Committee, Dr. Funk has helped to obtain medical supplies necessary for the camp for diabetic children and has been responsible for screening all of the camp's medical applications. As a recipient of the Reber Medal, Dr. Funk is one of five individuals who has been honored with the award during the past forty years. It is presented in recognition of "distinguished service to diabetic patients or to the treatment of diabetes." A diabetic himself, Dr. Funk has demonstrated that with proper understanding and medical care the burdens and dangers of severe, longstanding diabetes are not a bar to a healthy, full and rich life. He is a past President of the Alumni Association at Jefferson and an active member of the Executive Committee.

1948

Dr. William H. Annesley, Jr., 39 Glendale Rd., Upper Darby, Pa., has recently been promoted to Attending Surgeon and Director of the Retina Service at Wills Eye Hospital in Philadelphia.

Dr. Velio E. Berardis, 139 Conroy Ave., Scranton, Pa., reports that his son Jack is a pre-med student at Penn State.

Dr. Charles S. Ryan, 65 Bryant Rd., Blackwood, N.J., has been appointed Director of Employee Health Services at the Sun Oil Company. In his new position, Dr. Ryan will be in charge of providing professional health services throughout the company and developing policies and programs in environmental and industrial health. His previous work at Sun included direction of the medical program of the Philadelphia general offices and the establishment of a working relationship with the research division of Lankenau Hospital for a study of heart disease in industry.

1949

Dr. Henry M. Perry, 706 N. Davis St., Bloomfield, Iowa, reports that he saw classmate **Paul deVillers** at the AMA meeting in Atlantic City in June. Last summer he helped **John Rawls '54**, open a new office in Ottumwa, Iowa.

Dr. Harold Rovner, 270 Linden La., Merion, Pa., has been elected President of the Pennsylvania Society of Colon and Rectal Surgery. He practices proctology in Philadelphia.

1951

Dr. Peter Chodoff, Baltimore City Hospital, 4940 Eastern Ave., Baltimore,



Dr. Funk

Md., is now Associate Professor of Anesthesiology at Johns Hopkins University School of Medicine and Director of the Department of Anesthesiology and Head of the Intensive Care Unit at Baltimore City Hospital.

Dr. Ernest F. Doherty, Jr., 219 Heritage Rd., Cherry Hill, N.J., reports that his son Robert is a senior at Johns Hopkins and plans to enter medical school in September. Another son, John, is a biology major at Dickinson College.

Dr. Glen M. Ebersole, 35 Sunset Ave., Lakewood, N.Y., has been in group radiology practice in Jamestown, New York, since 1963 and is currently Vice-President of the Buffalo Radiological Society. Two of his sons are in college and his daughter and another son are still at home. His wife, Helen, is completing her M.A. in history this year.

Dr. Robert A. McKinley, 60 Dumbarton Dr., Delmar, N.Y., is now Deputy Commissioner of the Division of Mental Health in the Department of Mental Hygiene there.

1952

Dr. Robert L. Phillips, 210 W. Wendover Ave., Greensboro, N.C., is now Chief of Surgery at Moses N. Cone Memorial Hospital in Greensboro.

1953

Dr. William E. Delaney, III, St. Vincent's Hospital, 11th St. & 7th Ave., New York, is a member of the editorial board of *Annals of Clinical Laboratory Science*, a new journal published by the Institute for Clinical Science, Inc., for the Association of Clinical Scientists.

Dr. David F. Kennedy, 1022 Croton Dr., Alexandria, Va., was the main speaker at a meeting of the Mental Health Association of Luzerne County this fall. Dr. Kennedy is Director of the Outpatient Services Unit at Luzerne-Wyoming County Mental Health Center.

1954

Dr. Charles H. Greenbaum, 8220 Castor Ave., Philadelphia, is Secretary-Treasurer of the Pennsylvania Academy of Dermatology. He has been promoted to Clinical Associate Professor of Dermatology at Jeff.

Dr. Thomas A. Hodge, 6872 Hampton Dr., San Jose, Calif., is a radiologist at O'Conner Hospital in San Jose.

Dr. Stanley R. Kern, 631 Nye Ave., Irvington, N.J., is practicing psychoanalysis in Irvington and was recently promoted to Associate Professor of Psychiatry at New Jersey College of Medicine.

Dr. Paul R. Weis, 1453 Linden St., Allentown, Pa., reports that the youngest of his five children is now four years old.

1955

Dr. Robert E. Berry, 3593 Peakwood Dr., Roanoke, Va., has been named Director of Surgical Education at Roanoke Memorial Hospital. He is also an Associate Professor of Surgery at the University of Virginia Medical School. He and Mrs. Berry have three children.

Dr. J. Hubert Conner, 420 Foxchase La., Media, Pa., is practicing orthopedics in the Chester-Media area where he is associated with three other Jeffersonians.

Dr. Guy L. Schless, 330 S. 9th St., Philadelphia, has been promoted to Physician to the Pennsylvania Hospital and Honorary Consultant Physician at Guy's Hospital at the University of London.

Dr. Robert J. Senior, Doctors' Bldg., Willow Dr., Chapel Hill, N.C., was recently named "Citizen of the Week in North Carolina" for his work with Genesis House, a rehabilitation center for youthful narcotics addicts which he founded in February 1971.

Dr. F. William Sunderman, Jr., 139 Mountain Spring Rd., Farmington, Conn., is a member of the editorial board of *Annals of Clinical Laboratory Science*, a new journal published by the Institute for Clinical Science, Inc., for the Association of Clinical Scientists.

1956

Dr. J. Mostyn Davis, 309 E. Sunbury St., Shamokin, Pa., led a special reference committee studying major issues facing the American Cancer Society at the twenty-seventh annual meeting of the Society's Pennsylvania Division which was held in Harrisburg in October. Cancer control programs among special population groups in Pennsylvania were the subject of the discussions led by Dr. Davis.

1957

Dr. Cesare R. Antoniaci, 67 Clinton Ave., Millburn, N.J., has been Chairman of the Section of Neuropsychiatry at Orange Memorial Hospital since July 1970. He is also a member of the attending staff in the psychiatry section of St. Barnabas Medical Center in Livingston, New Jersey.

Dr. Otto Yum To Au, 5-D Old Peak Rd., Hong Kong, has been practicing plastic surgery in Hong Kong for over seven years. His sons are studying at the University of Michigan and his youngest, Karen, is in the tenth grade.

Dr. Louis R. Baker, 12456 Trail Oaks Dr., Oklahoma City, Okla., is an Associate Professor of Anesthesiology at the University of Oklahoma Medical Center (Children's Memorial Hospital). His wife, Dr. Mary R. Baker, is Assistant Professor of Anesthesiology at the University of Oklahoma Medical Center (University Hospital).

Dr. Norman Berger, 200 N. Union Ave., Havre de Grace, Md., and his wife announce the birth of their third child, Jenifer, on April 30.

Dr. Thomas C. Corson, III, 95 Friar Lane, Bloomsburg, Pa., recently was elected a school director of the Central Columbia School District.

Dr. Stephen J. Herceg, 2201 N. 2nd St., Harrisburg, Pa., has been appointed Clinical Assistant Professor of Surgery (plastic surgery) at the Hershey Medical Center of Pennsylvania State University.

Dr. Abram M. Hostetter, Hershey Medical Center, Hershey, Pa., has been appointed Assistant Professor of Psychiatry and Director of Inpatient

Services at Hershey Medical Center. He is Board Certified by the American Board of Psychiatry and Neurology.

Dr. Richard H. Keates, 410 W. 10th Ave., Columbus, Ohio, has been promoted to Professor of Ophthalmology at the Ohio State University College of Medicine.

Dr. Allan W. Lazar, 740 Carroll Pl., Teaneck, N.J., practices cytology with **Karl Klings** '56, in Leonia, New Jersey.

Dr. Ronald M. Match, 99 Forest Ave., Glen Cove, N.Y., reports that he is concentrating on hand surgery and has instituted a hand course at Glen Cove Community Hospital. He was recently elected to the New York Society for Surgery of the Hand.

1958

Dr. Sidney H. Arden, 141 Fisher Rd., Jenkintown, Pa., has been appointed Chief of Pathology at Frankford Hospital.

Dr. Lloyd G. Plummer, 318 Main St., Latrobe, Pa., announces the birth of a daughter, Jennifer Ruth, on March 30, 1971.

Dr. William A. Stecher, 4 Radburn Ct., Rockville, Md., has been appointed Chief of Radiology at the Prince George's General Hospital, a five hundred bed county hospital.

1959

Dr. Murray Feingold, 20 Ash St., Boston, announces the birth of a son, Matthew Spaulding, on February 23, 1971.

1960

Dr. John P. Brennen, 606 E. Washington St., Nanticoke, Pa., is now Associate Chief of Cardiology at Mercy Hospital in Wilkes-Barre.

Dr. Alan N. Fleckner, 6 Chamberlain Rd., Nabnassett, Mass., has been Board Certified in ob/gyn since November 1969 and became a Fellow of the American College of Obstetricians and Gynecologists in December 1970.

Dr. Joseph H. Hannemann, 1068 Shore Rd., Cape Elizabeth, Me., is now a radiotherapist at the Maine Medical Center in Portland.

Dr. Donald Hooper, 101 S. 7th St., Akron, Pa., has been elected President of the Ephrata Community Hospital Medical and Dental Staff. He is a general practitioner in Akron.

Dr. Francis W. Wachter, 4191 Tamilynn Ct., San Diego, Calif., has been

transferred to the Naval Hospital in San Diego where he is Assistant Chief of the Laboratory Service and Head of Anatomic Pathology.

1961

Dr. John V. Bennett, 923 Hargett Ct., Stone Mountain, Ga., has been appointed Clinical Assistant Professor of Preventive Medicine and Community Health at Emory University. He is Chief of the Bacterial Diseases Branch of the Epidemiology Program.

Dr. Lewis H. Dennis, 13809 Vintage La., Silver Spring, Md., has been appointed Chief of Hematology at Prince George General Hospital and has been named a Visiting Physician to the National Cancer Institute.

Dr. James E. Herlocher, 2355 E. Stadium Blvd., Ann Arbor, Mich., is certified by the American Board of Surgery and the American Board of Thoracic Surgery and is a Fellow of the American College of Cardiology.

Dr. James S. Horewitz, 5675 Chelton Dr., Oakland, Calif., practices psychiatry in Berkeley. He and his wife have two children, a son aged eight and a daughter aged four.

Dr. James A. Lehman, 870 Cliffside Dr., Akron, Ohio, recently spent six months in Glasgow on a fellowship. He is currently practicing plastic surgery in Akron. He and Mrs. Lehman announce the birth of a son, Thomas Kelly, on October 1.

Dr. Elliott Perlin, 2717 Weller Rd., Silver Spring, Md., is currently staff hematologist and oncologist at the Naval Hospital in Bethesda.

Dr. Emilio A. Roncace, 6 Forest Hill Dr., Cherry Hill, N.J., is a Clinical Assistant Professor of Otolaryngology at Jeff and is practicing in Haddonfield, New Jersey. He was certified by the American Board of Otolaryngology in 1969 and is a member of the American Academy of Otolaryngology and a Fellow of the American College of Surgeons. He and his wife, Elizabeth, have four children.

Dr. James Vorosmarti, 269 Bernhardt Dr., Buffalo, N.Y., was certified by the American Board of Preventive Medicine in Occupational Medicine in July.

1962

Dr. Stephan A. Billstein, Watergate Apts., 4 Commodore Dr., Emeryville, Calif., is studying for a Masters in Public Health at the University of California at Berkeley.

Dr. Henry Gelband, 15020 S.W. 69th Court, Miami, Fla., is now an Assistant Professor in the Department of Pediatrics, Division of Cardiology, at the University of Miami Medical Center.

Dr. Louis E. Levinson, 515 Westbank Expressway, Gretna, La., is practicing obstetrics and gynecology in Gretna and looks forward to seeing any classmates who come to New Orleans for Mardi Gras.

Dr. Cyrus L. Mineo, 15 Beacon Hill La., Phoenixville, Pa., is now Board Certified in ophthalmology and is practicing in Phoenixville. He is on the staffs of Wills Eye and Phoenixville Hospitals.

Dr. Robert J. Neviaser, 14620 Seneca Rd., Germantown, Md., is now an Associate Professor of Orthopedic and Hand Surgery at George Washington University School of Medicine.

Dr. Stanley F. Peters, King Rd., RD #1, Chalfont, Pa., is Medical Director of TODAY Inc. (Treatment of Drugs Among Youth) in Newtown, Pennsylvania. A Diplomate of the American Board of Family Practice, he is President of the Bucks County Chapter of the American Academy of Family Practice.

Dr. Raphael I. M. Price, 705 W. Carpenter La., Philadelphia, practices plastic surgery in Philadelphia and Woodbury, New Jersey.

1963

Dr. Bertrand J. Marlier, Jr., 168 Woodshire Dr., Pittsburgh, Pa., practices neurosurgery in Pittsburgh. His fifth child, Kristan Ann, was born in June.

Dr. W. Caldwell Sims, 5950 Canterbury Dr., Culver City, Calif., has been appointed Assistant Professor of Radiology at the Charles R. Drew Postgraduate Medical School in Los Angeles. Dr. Sims will hold a joint appointment in the Radiology Department at the UCLA School of Medicine. He married Miss Audrey Faye Armstrong in November.

Dr. Robert Zavod, 25 In Town Terr., Middletown, Conn., was Board Certified in radiology last June and has joined a group of four radiologists at Middlesex Memorial Hospital in Middletown.

1964

Dr. Helmut H. Behling, 22-5th Artillery Rd., Ft. Leavenworth, Kans., is serving a two-year tour of duty with the army.

He has passed the board examinations in radiology.

Dr. Leroy S. Clark, 19242 Bernetta Pl., Tarzana, Calif., is Attending Radiologist at Granada Hills Community Hospital. He and Mrs. Clark are the parents of a third son, Daniel, who was born in July.

Dr. Michael S. Fabricant, 1452 Kensington Dr., Fullerton, Calif. has joined an eight-man clinic for the practice of internal medicine in Fullerton. His subspecialty will be rheumatology. The Fabricants have two children aged four and six.

Dr. James J. Houser, Quarters, VA Naval Hospital, Bremerton, Wash., was recently certified by the American Board of Internal Medicine.

Dr. John M. Parsons, 19 Fox Hill Dr., Little Silver, N.J., is now a Diplomate of the American Board of Surgery. He and his wife are currently in Portsmouth, Virginia, where Dr. Parsons is stationed at the Naval Hospital.

Dr. Richard D. Shapiro, 3893 E. Market St., Northmar Center, Warren, Ohio, recently became Board Certified by the American Board of Ophthalmology. He has been elected a Trustee of the Lions Research Foundation which is involved with allocating funds to universities for research to prevent blindness. Last year he received the President's Appreciation Award for his work in the Lions Club. In addition he has been appointed a medical advisor for the local March of

Dimes. Dr. Shapiro is still actively interested in a partner for his busy practice and looks forward to seeing classmates traveling in Ohio.

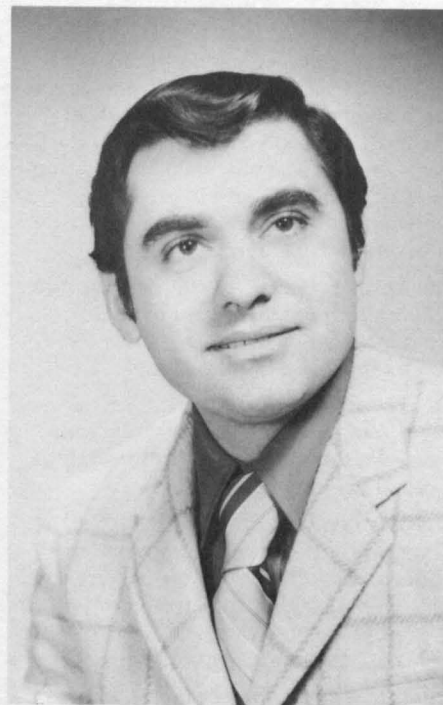
Dr. John E. Steele, Second and South Sts., Leighton, Pa., is practicing internal medicine in Leighton. He and his wife have two children, Jennifer and John, Jr.

Dr. Robert M. Steiner, Old Croton Rd., Flemington, N.J., has joined the staff of Hunterdon Medical Center as Associate Director of the Department of Radiology. Previously Dr. Steiner served as a Major in the Air Force Medical Corps at Homestead Air Force Base where he was Chief of Radiology. Dr. Steiner is also a Clinical Assistant Professor of Radiology at Jefferson.

Dr. Nicholas C. Tenaglia, 501 Woodbrook La., Philadelphia, has been appointed Director of the Child and Family Unit of the Community Health/Mental Retardation Center at the Northern Division of Albert Einstein Medical Center in Philadelphia. For the past three years Dr. Tenaglia has served in the army at Fort Bragg where he was Director of the Child Guidance Section of the Mental Hygiene Consultation Service, Chief of the Department of Psychiatry and Neurology at Womack Army Hospital, Director of the Mental Hygiene Consultation Service and Director of the Child Section of the Cumberland County Mental Health Center in Fayetteville, North Carolina.



Dr. Sims



Dr. Tenaglia

Dr. John Yunginger, 1 Holly Court, Danville, Pa., has been appointed an Associate in the Pediatrics Department at the Geisinger Medical Center. He has just completed a two-year fellowship in pediatric allergy at the Mayo Clinic.

1965

Dr. Franklin G. Maleson, 112 Sudbury Rd., Concord, Mass., recently completed a two-year tour of duty at Fort Carson, Colorado, where he directed a drug abuse center. He is now an Instructor in Psychiatry at Harvard Medical School and an Assistant in Psychiatry at Massachusetts General Hospital.

Dr. Sanford A. Tisherman, 10116 Hollow Glen Circle, Los Angeles, has opened an ob/gyn practice in Beverly Hills. He was discharged from the air force on January 1.

Dr. Richard P. Wenzel, Naval Medical Field Research Lab., Virology Division, Camp Lejeune, N.C., is now Board Certified in internal medicine. In December he received the Sir Henry S. Wellcome Medal and Prize for a paper on Acute Respiratory Disease. A national, competitive award, the prize is presented by the Association of Military Surgeons. He and Mrs. Wenzel expect their second child in March. Their daughter Amy is two years old.

Dr. Richard C. Wilson, 1510 Lynnewood Dr., Havertown, Pa., announces the birth of a son, Richard Thomas, on October 3. Dr. Wilson is a Cardiology Fellow at Temple University.

1966

Dr. Andrew L. Bender, 641 Victoria Terr., Paramus, N.J., has been appointed Assistant Professor of Neurology at Mount Sinai School of Medicine, and Staff Neurologist and Consultant Neuroradiologist at Bronx VA Hospital.

Dr. James A. Letson, Jr., 911 H. Manor La., Columbus, Ohio, completed a short term volunteer tour of service aboard the hospital ship *S.S. Hope* on September 30. One of a small number of residents chosen to participate in the Hope/Jamaica program, Dr. Letson is continuing an ENT residency at Ohio State University.

Dr. Gordon B. Manashil, 14 Beaver Dam Rd., Colts Neck, N.J., is a Diplomate of the American Board of Radiology. In addition to his practice with Monmouth Radiologists, he is an Assistant Attending Radiologist on the staff of Monmouth Medical Center.

1968

Dr. David A. Berd, 2729 Briarcliff Rd., Apt. #3, Atlanta, Ga., is now working at the U.S. Public Health Service Center for Disease Control. He will begin an oncology fellowship in July.

Dr. William J. Casper, Jr., 12655 Bellaire St., Apt. 606, Denver, Colo., is taking a family practice residency at the University of Colorado.

Dr. Barry Corson, 23 Kerwick Ct., North Wales, Pa., has been appointed to the staff of Chestnut Hill Hospital. He has joined the Ambler Medical Associates in practice in Chestnut Hill.

Dr. William J. Dennis, N.A.S. Medical Depot, Albany, Ga., is a Lieutenant in the navy and practicing pediatrics.



Dr. Wenzel

Dr. Thomas G. Fletcher, 360 Sandburg Dr., Sacramento, Calif., plans to specialize in therapeutic radiology.

Dr. Lawrence V. Hofmann, Vanderbilt University, Nashville, Tenn., is taking a residency in pediatrics. He and his wife have two children, Rusty and Carol Lynn.

Dr. John B. Humphrey, Jr., Cleveland Metropolitan General Hospital, 3395 S. Cranton Rd., Cleveland, Ohio, plans to specialize in internal medicine. He and his wife are the parents of a son who was born in December 1969.

Dr. Gerald F. Kaplan, 7800-C Stenton Ave., Apt. 104, Philadelphia, is taking a residency in general surgery at Temple University Hospital. The Kaplans have two daughters, Hope, three, and Deborah, two.

Dr. Frederick J. Koch, 6939 Georgia Ave., N.W., Apt. 516, Washington, D.C., is completing the fourth year of a

pathology residency at Walter Reed General Hospital.

Dr. John Lazarchick, 1713 Broughton Dr., Beverly, Mass., has started a one-year hematology fellowship at Massachusetts General Hospital.

Dr. Ian M. Lev began a neurology residency in November at Duke University Medical Center, Durham, North Carolina.

Dr. William E. Logan, 3020 Hewitt Ave., Silver Springs, Md., is a second year resident in neurology at Walter Reed General Hospital in Washington. He spent a year in Korea with the army.

Dr. John P. Manges, Jr., Fort Washakie, Wyo., plans a residency in internal medicine at the University of Vermont next summer. He is in his third year of work at the Wind River Indian Reservation.

Dr. Glen W. Metz, Allensville, Pa., is doing mission work in Liberia. He plans to return next July.

Dr. Carl D. Metzger, 1634 Ponce de Leon Ave., Apt. B-3, Atlanta, Ga., is studying at Emory University on a child psychiatry fellowship.

Dr. William J. Molinari, Box 1337, Gallup, N.M., is serving with the Gallup Indian Medical Service for two years.

Dr. Joseph E. Palaschak, Thomas Jefferson University Hospital, 11th and Walnut Sts., Philadelphia, is a hematology research fellow at the Cardeza Foundation.

Dr. Virginia J. Poirier, 13200 Fairhill Rd., Shaker Heights, Ohio, is now Chief Resident in radiology at the Cleveland Clinic. She and her husband have recently become licensed pilots.

Dr. Kenneth B. Reynard is currently Chief Resident in radiology at the University of Colorado Medical Center in Denver.

Dr. Robert J. Risimini is currently stationed at the Naval Hospital in Quonset Point, Rhode Island, as a pediatrician.

Dr. Howard N. Sabarra, 264-16 74th Ave., Floral Park, N.Y., is doing a residency in urology at the Long Island Jewish Medical Center. Dr. Sabarra recently married Miss Deborah Kalish.

Dr. Stewart D. Shull, 1203-B Werner Park, Fort Campbell, Ky., plans to specialize in internal medicine. The Shulls have one child, Daniel Howard.

Dr. Theodore J. Skowronski, Riverside Park Apts., B1-208, Hopewell, Va., is planning a residency in internal medicine. He is currently chief of the outpatient clinic at Fort Lee.

Dr. Allan W. Skrenta, 6152 N. Warnock St., Philadelphia, is currently Chief Resident in radiology at Philadelphia General Hospital. His second son, Brian, was born in July.

Dr. John M. Stack, Jr., Hahnemann Hospital, 230 N. Broad St., Philadelphia, completed his tour with the army in September. He has begun a residency in ob/gyn at Hahnemann.

Dr. Robert M. Stein, Presbyterian Hospital, 622 W. 168th St., New York, is presently a cardiology fellow at Columbia-Presbyterian Medical Center.

Dr. Stephen E. Werner, 580 Terry Rd., Gales Ferry, Conn., spent a year of duty aboard the nuclear submarine, *U.S.S. Ethan Allen*, and is now stationed at the U.S. Navy Submarine Base in New London, Connecticut. Dr. Werner will begin a residency in orthopedic surgery at the Henry Ford Hospital in July. Dr. Werner reports that his third son was born February 1, 1971, at home, while he was at sea.

1969

Dr. Peter J. Mlynarczyk, 3848 Columbia Pike, Arlington, Va., is taking a surgical residency at Georgetown University Hospital.

1970

Dr. John W. Breckenridge, 3709 E. San Miguel St., Colorado Springs, Colo., plans to specialize in radiology.

Dr. Larry S. Myers, Personal Mail Section, APO San Francisco, is currently serving in Vietnam. He plans an army residency in psychiatry.

1971

Dr. Terrence S. Carden, 4302 Malvern Rd., Durham, N.C., has been named Editor of the *New Physician*, the magazine published by SAMA. Dr. Carden, who is at Duke University Medical Center, served as Editor of the *Clinic* in both his junior and senior years. Joining Dr. Carden on the editorial staff are **Dr. Thomas W. Fiss, Jr.**, who acted as Business Manager for the *Clinic*, and **Dr. Carolyn S. Crawford**. Both will serve as Associate Editors on the publication. Dr. Fiss is interning at Georgetown University Hospital and Dr. Crawford is at St. Christopher's Hospital for Children in Philadelphia.

Dr. Daniel B. Gould, Crystal Towers North, 1600 S. Eads St., Arlington, Va., will begin an internal medicine residency at the Mayo Clinic in July.

The Fall Calendar

Activities of the Alumni Association during the fall months took speakers across the country. The calendar shows six dinners and five receptions, the latter held in conjunction with state and national medical meetings.

The first two dinners were for alumni in northern and southern California. On Friday, October 1, sixty alumni with their wives joined the Jefferson speakers, Dr. Herbert A. Luscombe '40, President of the Alumni Association, and Dean William F. Kellow, for cocktails, dinner and news of the College at the Marine Memorial Club in San Francisco. Dr. Clyde C. Greene '41, made the arrangements.

The following evening the Jefferson representatives flew to Los Angeles for another meeting, this time at the home of Dr. and Mrs. George C. Griffith. The Griffith party drew nearly one hundred guests to their suburban home in La Canada. This was the second time the Griffiths (he's class of 1926) extended southern California hospitality to the alumni, the first being in the fall of 1967. Dr. Luscombe presented the hosts with a Waterford decanter in appreciation of their generosity to the College.

The next dinner on the east coast was held at the Bethesda Naval Hospital Officer's Club. This was one of the finest turnouts in the history of the Washington, D.C. Chapter. Speakers on this occasion were President Luscombe and Associate Dean and Director of Admissions Samuel S. Conly 'S44. In charge of arrangements was the Vice-President for the area, Dr. Adolph Friedman '43. Officers elected at the business meeting are Dr. Jack R. Woodside '49, President, Dr. Jerome L. Sandler '58, Vice-President, and Dr. Herbert G. Hopwood, Jr., '58, Secretary-Treasurer.

The Connecticut Chapter scheduled its fall session for November 3 at the Tumblebrook Country Club in Bloomsfield, outside of Hartford. Dr. Salvatore R. Carrabba '46, President of

the Chapter presided. Dr. John H. Hodges '39, President-elect of the Association and the Ludwig A. Kind Professor of Medicine, and Dr. James R. Leonard, Professor of Otolaryngology and Chairman of the Department, were the speakers.

Traditionally members of the Puerto Rico chapter give a dinner during the meetings of their area medical society. This year was no exception and the group met in early November. Dr. Agustin M. DeAndino, Jr., 'S44, is Chapter President there.

The last dinner on the fall calendar was in northern New Jersey at the South Orange Tennis Club on December 1. Dr. Luscombe was on hand again representing both the College and the Association. Dr. Frederick C. DeTroia '35, who serves as Vice-President for the state and Secretary-Treasurer for the North Jersey Chapter reported that "Dr. Luscombe's talk was the real meat and dessert of the meeting and it gave all of us a deep and honest insight into what is happening at Jefferson today and what is planned for our school in the future. It made us all proud to be a part of the traditions of Jefferson." Dr. Richard M. Lempke 'S44, continues as Chapter President.

Jefferson men got together a bit more informally at five receptions during the fall months. The largest of these was in Atlantic City during the meetings of the American College of Surgeons on October 19. Well over two hundred alumni met at the Holiday Inn. Other parties were on September 22 at the Sahara Hotel in Las Vegas during the meetings of the ophthalmologists and otolaryngologists, on October 25 at Jefferson during the Philadelphia meetings of the American College of Chest Physicians, on October 12 in Indianapolis during the state medical meetings, and finally on November 8 at the Host Farm in Lancaster during the clinical sessions of the Pennsylvania Medical Society. The spring months will be busier than ever. Watch the calendar.

Obituary

Arthur E. Simonis, 1908

Died on October 13, 1971 at the age of eighty-four. His wife survives him.

Samuel Z. Myers, 1914

Died on October 18, 1971 in Scranton, Pa. A general practitioner in Scranton for fifty-seven years, Dr. Myers also was Head of the State Clinic in the Scranton area. His wife, Libbie, and three sons survive him.

Albert M. Treat, 1910

Died July 29, 1971 at the age of eighty-four in Olympia, Wash.

Clarence H. Baumgart, 1919

Died on June 29, 1971 in Milwaukee, Wisc., at the age of seventy-seven.

Eugene R. Simpson, 1919

Died on October 15, 1971.

Ralph W. Trimmer, 1919

Died on September 8, 1971. His wife, Elizabeth, survives him.

Joseph Jacobson, 1919

Died on August 11, 1971.

Vincent A. Andriole, 1925

Died on October 4, 1971. A gynecologist, Dr. Andriole had practiced in Scranton since 1926. He was a Fellow of the American Academy of Obstetricians and Gynecologists and a Diplomate of the American Board of Obstetrics and Gynecology. Surviving are his wife, Josephine, two sons and a daughter.

Samuel Bellet, 1925

Died on December 13, 1971 in Philadelphia at the age of sixty-nine. Dr. Bellet was Director of the Division of Cardiology at Philadelphia General Hospital and Professor of Clinical Cardiology and Visiting Lecturer in Pharmacology at the Graduate School of Medicine of the University of Pennsylvania. Dr. Bellet was a Governor of the American College of Cardiology for Pennsylvania, a Past President of the Heart Association of Southeastern Pennsylvania and a Fellow of the American College of Physicians and of the American College of Cardiology. Surviving are his wife, Jean, and a daughter.

Paul M. Pegau, 1925

Died on April 7, 1971 at the age of seventy-one. For many years he was affiliated with Underwood Hospital in Woodbury, New Jersey. He served as Chief of Pediatrics and Allergy since the Department's organization and was one of the original members of the Board of Trustees. The Hospital's Pegau Pavilion was named in his honor.

Clyde M. Spangler, 1925

Died on November 17, 1971 in Syracuse, N.Y., at the age of seventy-three. An Honorary Clinical Assistant Professor of Obstetrics and Gynecology at Jefferson, he was also a past Chief of Obstetrics at St. Luke's and Children's Hospitals. Surviving are his wife, Lucille, a daughter and a son.

I. Leslie Epstein, 1927

Died on September 29, 1971 in New York at the age of seventy-one. His wife, Natalie, a son and a daughter survive.

John A. Bolich, 1929

Died on October 23, 1971 in Milton, Pa., at the age of sixty-eight. Dr. Bolich practiced in Milton for forty years. A member of the staff of Evangelical Hospital, he made significant contributions to the development of anesthesiology there and served as President of the Medical

Staff in 1958. He was elected President of the Union County Medical Society in 1961. His wife, Geraldine, a son and a daughter survive.

David Izenberg, 1929

Died on July 11, 1971 at the age of sixty-seven.

Ace E. Nichols, 1929

Died June 8, 1971 at the age of sixty-five in Hearne, Tex.

Lloyd S. Hutchison, 1930

Died on August 10, 1971 at the age of sixty-seven. Before his retirement he was Chief of the Department of Otolaryngology at Lancaster General Hospital. He was a Diplomate of the American Board of Otolaryngology and a former Vice-President of the Pennsylvania Academy of Ophthalmology and Otolaryngology. Surviving are his wife, three daughters and a son.

Forrest E. Lowry, 1931

Died on July 14, 1971 in Urbana, Ohio at the age of sixty-seven. A past President of the Champaign County Medical Society, he was a surgeon affiliated with Mercy Memorial Hospital in Urbana.

Thomas F. O'Leary, 1931

Died on July 29, 1971.

William H. Windley, 1932

Died October 31, 1971 at home in Memphis, Tenn., at the age of sixty-five. Dr. Windley was Chief of the Service for Long-term Chronically Ill at the VA Hospital in Memphis. He was a Fellow of the American College of Physicians. Surviving are his wife, Phyllis, and a daughter.

Milton Eisenberg, 1935

Died on October 31, 1971 in Philadelphia at the age of sixty-one. His wife, Betty, and a son survive.

Elwood B. Force, 1935

Died on October 8, 1971. His wife, Emily, survives.

Felix P. Sugint, 1936

Died on November 11, 1970 at the age of sixty-one. He is survived by his wife.

Daniel Silverman, 1937

Died on November 2, 1971 in Philadelphia at the age of sixty-one. A member of the faculty of the University of Pennsylvania Medical School since 1946, he was appointed Professor of Neurology in July 1971. In addition to teaching, he did extensive research in psychiatry and electro encephalography and wrote eighty-nine papers in these fields. He was a former Professor of Psychiatry at Hahnemann Medical College, a past President of the Philadelphia Association for Psychoanalysis, the Philadelphia Neurological Society, the Eastern Association of Electro Encephalographers, and the American Electro Encephalographic Society. Surviving are his wife, Adaline, two sons and a daughter.

Edward B. Marenus, 1938

Died on September 29, 1971 at the age of fifty-eight. An obstetrician and gynecologist, he was on the staff of Einstein Medical Center, Northern Division, and had a private practice in Philadelphia. His wife, Frances, and a son survive.

John G. Inghram, 1951

Died on October 30, 1971. Dr. Inghram was an orthopedic surgeon with a practice in Washington, Pennsylvania. His wife survives him.

Francis A. McKeon, Jr., 1954

Died on November 13, 1971 in York, Pa., at the age of forty-seven. He was Chief Pathologist at York Hospital. Dr. McKeon was a member of the College of American Pathologists and the American Society of Clinical Pathologists. Four sons and four daughters survive him.

Gerald Tannenbaum, 1954

Died on September 25, 1971 in an accident in New York. He was an Associate Professor of Psychiatry at New York Medical College and Director of Inpatient Psychiatry Services at Metropolitan Hospital where he had established a brief hospitalization program and new methods in ward organization and

care for psychiatric patients. An Intake Psychiatrist at the Post-Graduate Center for Mental Health, Dr. Tannenbaum was also a Diplomate of the American Board of Psychiatry and Neurology and a Fellow of the American Psychiatric Association.

William H. Jacobs, 1956

Died on October 12, 1971 in Morgantown, W. Va. after a brief illness. An Assistant Professor of Medicine at the West Virginia School of Medicine, Dr. Jacobs was also Chief of the Medical Service at the Clarksburg VA Hospital. His wife, Barbara, and three sons survive.

Carlyle M. Thomas, 1956

Died on October 23, 1971 in Cleveland, Ohio following open heart surgery. A general practitioner, he had practiced in Bangor, Pennsylvania, and Blairstown, New Jersey for the last ten years. Surviving are his wife, Judith, a son

and a daughter, and a brother, Dr. John E. Thomas '58.

Louis A. Martincheck, 1964

Died suddenly on October 11, 1971 at the age of forty-two. After graduation, Dr. Martincheck returned to Houston for his internship and residency and received the George Waldron Surgical Award from Hermann Hospital. He entered the practice of general and peripheral vascular surgery in 1969. Surviving are his wife, Caryl, two sons and a daughter.

Editor's Note

The Bulletin has received news of the death of Dr. E. Harold Hinman, Emeritus Professor of Preventive Medicine. Unfortunately it was too late for printer's copy; consequently the obituary will be carried in the spring issue.

J. Howard Pew, Emeritus Trustee

Died on November 27, 1971 at his home in Ardmore, Pa., at the age of eighty-nine. A member of Jefferson's Board of Trustees since 1935, Mr. Pew was a member of both the College and Finance Committees for many years and later served on the Expansion, Development and Property Committee. One of his great interests was the hematology research conducted by the Cardeza Foundation.

A graduate of the Massachusetts Institute of Technology, Mr. Pew joined the Sun Oil Company in 1901 and became its President in 1912. During his thirty-five years as President, Sun grew from a small firm with comparatively modest oil holdings in several states to a fully-integrated petroleum company operating in many parts of the world. Early in his term, Sun launched the building of the Sun Shipbuilding and Drydock Company which became the world's largest builder of tankers during World War II.

A generous supporter of many philanthropic organizations, Mr. Pew devoted considerable time to promoting religious, educational and civic undertakings. He was President of the Board of Trustees of Grove City College and President of the United Presbyterian Foundation. Among the many awards Mr. Pew received were the Gold Medal for Distinguished Achievement of the American Petroleum Institute, the Vermilye Medal of the Franklin Institute for his achievement in management and the Gold Medal of the Pennsylvania Society for distinguished achievement in humanitarian and civic fields.

Mr. Pew was married to Helen J. Thompson who died in 1963. Surviving are their three children, two daughters and a son.

. . . authorities have decided that many more physicians are needed in areas related to primary health care.

continued from inside front cover

undertake a role in solving national problems related to the cost and delivery of health care. Thus our traditions must be re-examined and we must determine what elements exist within these problems that Jefferson can influence in a helpful way.

Most authorities have decided that many more physicians are needed in areas which are related to primary health care. Therefore, we can expect to be asked if it is possible for this large medical school to take appreciably more students and to educate them as general physicians. While all medical schools have done well in preparing their graduates to become outstanding in the various specialties of medicine, it must be admitted that this has been accomplished at the expense of the more general forms of medical practice. Everyone is alarmed by the great decline in the ranks of the general internists, the general pediatricians, and the modern family physicians, all of whom were well prepared for practice by their postgraduate training and who could have met the primary health care need if there had been enough of them.

This year the Committee on Curriculum concluded the first phase of its deliberations on a new educational program. The outline for a new curriculum was presented to the Executive Council and the Professional Faculty in the spring, and it has the potential of providing a new foundation for the education of general physicians as well as providing the first step in preparing students for various specialties. If this curricular outline is adopted, it will be important for the faculty to give much thought to the question about future medical practice so that the doctors we are educating today will be prepared to function with a supporting team of health workers whose levels of responsibility differ.

There is insecurity in the state of medical affairs at this time. Most of us feel it, and to some extent it exists in all medical schools and within the practicing profession as well. It comes largely from the transition in which we find ourselves and the uncertainty of its outcome. Let us recognize that the transition exists because unmet need has caused the people to clamor for response. If we will analyze the need and devote our resources to meeting the underlying problems, we can be assured that public support will continue to underwrite our efforts. But if we turn inward and assume that we have no role in dealing with these intense national issues, public resources will surely be withdrawn from us and invested in those agencies and institutions which have shown a responsiveness to public problems.

John Milton Gregory said "The people once aroused will not endure to be cheated of their hopes."

ALUMNI CALENDAR

February 24

Annual Dinner and Business Meeting of the Alumni Association, Jefferson Hall

March 13

Reception in conjunction with the Sectional Meeting, American College of Surgeons in Philadelphia, Jefferson Hall

March 24

Parents Day for Sophomore Students, the College

April 18

Reception in conjunction with the meetings of the American College of Physicians, The Dennis, Atlantic City

May 1

Reception in conjunction with the meetings of the American College of Obstetrics and Gynecology, Conrad Hilton, Chicago

May 3

Reception in conjunction with the meetings of the American Psychiatric Association, Dallas

May 3

Reception in conjunction with the meetings of the Medical and Chirurgical Faculty of the State of Maryland, Statler Hilton, Baltimore

May 5

Dinner in conjunction with the meetings of the Florida Medical Association, Diplomat Hotel, Hollywood

May 8

Reception in conjunction with the meetings of the Medical Society of New Jersey, Haddon Hall, Atlantic City

May 24

Luncheon in conjunction with the meetings of the American Urological Association, Washington, D.C.

June 7

Reunion Clinics, Dean's Luncheon, Class Parties

June 8

Alumni Banquet, Bellevue Stratford Hotel

June 9

Commencement, Academy of Music

REUNIONS

50th 1922

Dinner
Barclay Hotel
Wednesday, June 7

45th 1927

Picnic
Wednesday, June 7
Luncheon
Thursday, June 8
Cocktail Party before Banquet
Thursday, June 8

40th 1932

Dinner
Locust Club
Wednesday, June 7
Luncheon and Golf
Plymouth Country Club
Thursday, June 8

35th 1937

Dinner Dance
Barclay Hotel
Wednesday, June 7

30th 1942

Dinner Dance
Jefferson Hall
Wednesday, June 7

25th 1947

Dinner Dance
Jefferson Hall
Wednesday, June 7

20th 1952

Dinner Dance
Marriott Motor Hotel
Wednesday, June 7

15th 1957

Dinner Dance
Jefferson Hall
Wednesday, June 7

10th 1962

Dinner
Wednesday, June 7
(place to be announced)

5th 1967

Dinner
Jefferson Hall
Saturday, June 10

Dr. Elmer H. Funk, Jr. '47
510 Millbrook Rd.
Devon, Pa. Chester Co. 19333